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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005997 (9)**  
1. Corporation Name  
**DO THE RIGHT THING OF CHARLOTTE COUNTY INC.**

Principal Place of Business Mailing Address  
**1410 S. TAMIAM I TL.  
PUNTA GORDA FL 33950**

2. Principal Place of Business 21 <b>1410 S. TAMIAM I TL.</b>	2a. Mailing Address 26 <b>1410 S. Tamiami Tr</b>	3. Date Incorporated or Qualified <b>11/25/96</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0751450</b>
23 City & State <b>PUNTA GORDA FL</b>	28 City & State <b>Punta Gorda, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33950</b>	29 Zip <b>33950</b>	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**LT, NAOMI BISSONETTE  
1410 S. TAMIAM I TL.  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
81 Name **LT NAOMI BISSONETTE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1410 S. Tamiami Trail**  
83  
84 City **Punta Gorda** FL 85 Zip Code **33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE **LT. NAOMI BISSONETTE** *Naomi Bissonette* DATE **03/09/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CHIEF</b>	NAME <b>W.D. LIBBY (T)</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1410 S. TAMIAM I TL.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	1.2 NAME	
TITLE <b>LT.</b>	NAME <b>NAOMI BISSONETTE (T)</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1410 S. TAMIAM I TL.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	1.4 CITY-ST-ZIP	
TITLE <b>CAPTAIN</b>	NAME <b>DONALD CERBONE (D)</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1410 S. TAMIAM I TL.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	2.2 NAME	
TITLE <b>POLICE OFFICER (D)</b>	NAME <b>MELISSA K. REYNOLDS (D)</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>1410 S. TAMIAM I TL.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	2.4 CITY-ST-ZIP	
TITLE <b>CPA</b>	NAME <b>LAUREN H. PATTERSON (D)</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>331 SULLIVAN ST.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	3.2 NAME	
TITLE <b>MAYOR</b>	NAME <b>WILLIAM F. RICHARDS (D)</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>326 W. MARION AV.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Naomi Bissonette* DATE **03/09/99** 941.575.5524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)

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