


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005997**

1. Entity Name  
DO THE RIGHT THING OF CHARLOTTE COUNTY, INC.



Principal Place of Business 1410 S TAMAMI TRAIL PUNTA GORDA, FL 33950 US	Mailing Address 1410 S TAMAMI TRAIL PUNTA GORDA, FL 33950 US
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07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0751450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MELISSA K OFC  
1410 S TAMAMI TRAIL  
PUNTA GORDA, FL 33950

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RINEHART, CHARLES A 1410 S TAMAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BISSONETTE, NAOMI 1410 S. TAMAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HENDERSON, ANN 1410 S. TAMAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, MELISSA K 1410 S. TAMAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000164156  
07/07/04-80033-016 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Melissa K. Reynolds 07/01/04 941-575-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #