


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005997**

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



Principal Place of Business <b>1410 S TAMIAMI TRAIL          PUNTA GORDA, FL 33950 US</b>	Mailing Address <b>1410 S TAMIAMI TRAIL          PUNTA GORDA, FL 33950 US</b>
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**DO NOT WRITE IN THIS SPACE**



05172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0751450</b>	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 TAMIAMI 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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 TAMIAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BISSONETTE, NAOMI 1410 S. TAMIAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HENDERSON, ANN 1410 S. TAMIAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, MELISSA K 1410 S. TAMIAMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/23/05-80001-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 05/17/05 941-575-5525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #