


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005997 1. Entity Name DO THE RIGHT THING OF CHARLOTTE COUNTY, INC.	
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Principal Place of Business 1410 S TAMiami TRAIL PUNTA GORDA, FL 33950 US	Mailing Address 1410 S TAMiami TRAIL PUNTA GORDA, FL 33950 US
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 May 1, 2007

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

U00000730670
 05/08/07-80028-013 61.25

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Reynolds* **04/24/07** **941-575-5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #