

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005997

FILED  
Jul 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1410 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1410 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: 65-0751450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRANDON, CRAIG A  
1410 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

KING, JOE  
1410 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: JOE KING

07/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARENAL, ALBERT A  
Address: 1410 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VPD ( ) Delete  
Name: RINEHART, CHARLES R  
Address: 1410 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Delete  
Name: BISSONETTTE, NAOMI  
Address: 18151 PRAIRIE CREEK BVD.  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D ( ) Delete  
Name: REYNOLDS, MELISSA K  
Address: 1410 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Delete  
Name: DUFFY, BERNARD A  
Address: 1154 NE STRASBURG DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE KING

EDIR

07/16/2009

Electronic Signature of Signing Officer or Director

Date