


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90318 027 \*\*\*\*61.25

0051866

**DOCUMENT # N96000005997**  
1. Entity Name  
**DO THE RIGHT THING OF CHARLOTTE COUNTY, INC.**



Principal Place of Business      Mailing Address  
**1410 S TAMiami TRAIL  
PUNTA GORDA FL 33950  
US**      **1410 S TAMiami TRAIL  
PUNTA GORDA FL 33950  
US**

**11035324**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **65-0751450**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RINEHART, CHARLES A</b>	
STREET ADDRESS	<b>1410 S TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BISSONETTE, NAOMI</b>	
STREET ADDRESS	<b>1410 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, ANN</b>	
STREET ADDRESS	<b>1410 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, MELISSA K</b>	
STREET ADDRESS	<b>1410 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #

CR2E037 (10/02)