2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000004216

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

Principal Place of Business	Mailing Address
1350 RIDGEWOOD AVE VENICE, FL 34293	PO BOX 7904 NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0920425

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILONAS, TASO M
1515 RINGLING BLVD., #900
SARASOTA, FL 34236

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLEINLIEN, KENNETH
STREET ADDRESS	1840 HUDSON STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	ABBOTT, PETER
STREET ADDRESS	2050 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	WILLIAMS, JULIE
STREET ADDRESS	1350 RIDGEWOOD AVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	LEWIS, TERRY
STREET ADDRESS	4980 CITY HALL BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	HOGLE, ALBERT
STREET ADDRESS	5460 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	BALKWILL, WILLIAM
STREET ADDRESS	2050 RINGLING BLVD.
CITY-ST-ZIP	SARASOTA, FL 34237

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05/14/08-80041-024 61.25

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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: KR Kleinlien 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #