## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004216

FILED May 29, 2009 Secretary of State

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

Current Pr	rincipal Place of Business:	New Principal Place of Business:
1350 RIDG VENICE, F	EWOOD AVE L 34293	
Current Ma	ailing Address:	New Mailing Address:
PO BOX 79 NORTH PO	904 DRT, FL 34287	
	e with s. 607.193(2)(b), F.S., the corporation did n	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	TASO M LING BLVD., #900 A, FL 34236 US	HARLOFF, DEAN R 2520 N TAMIAMI TR NOKOMIS, FL 34275 US
The above in the State		purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE: DEAN R HARLOFF	05/29/2009
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D ( ) Delete KLEINLIEN, KENNETH 1840 HUDSON STREET ENGLEWOOD, FL 34223	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete ABBOTT, PETER 2050 RINGLING BLVD SARASOTA, FL 34237	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WILLIAMS, JULIE 1350 RIDGEWOOD AVE VENICE, FL 34293	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete LEWIS, TERRY 4980 CITY HALL BLVD NORTH PORT, FL 34286	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete HOGLE, ALBERT 5460 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete BALKWILL, WILLIAM 2050 RINGLING BLVD SARASOTA, FL 34237	Title: D (X) Change ( ) Addition Name: KNIGHT, THOMAS Address: 2050 RINGLING BLVD City-St-Zip: SARASOTA, FL 34237

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: ROSE M REX T 05/29/2009