

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90061 024 \*\*\*\*61.25

**DOCUMENT # N06559**

1. Corporation Name

**THE MIDNIGHT PASS SOCIETY, INC.**

Principal Place of Business

1706 SANDALWOOD DRIVE  
SARASOTA FL 34231  
US

Mailing Address

1706 SANDALWOOD DRIVE  
SARASOTA FL 34231  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 4343 Sawyer Road

27 Suite, Apt. #, etc.

28 City &amp; State

Sarasota, FL 34233

29 Zip

Country

30 USA

3. Date Incorporated or Qualified

12/07/1984

4. FEI Number

59-2480486

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRUNSON, KENT  
4916 18 ST E  
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

James P. Herbert

82 Street Address (P.O. Box Number is Not Acceptable)

1706 Sandalwood Drive

83

84 City

Sarasota

FL

85 Zip Code  
34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *James P. Herbert* James P. Herbert, Chairman

April 27, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME THEISEN, MIKE C  
STREET ADDRESS 5955 MIDNIGHT POSS RD  
CITY-ST-ZIP SARASOTA FLTITLE VD ☐ DELETE  
NAME HERBERT, JIM  
STREET ADDRESS 1706 SANDALWOOD DR.  
CITY-ST-ZIP SARASOTA FLTITLE PD ☐ DELETE  
NAME WAECHTER, ROBERT  
STREET ADDRESS 6539 PEACOCK RD  
CITY-ST-ZIP SARASOTA FLTITLE TD ☒ DELETE  
NAME BRUNSON, KENT  
STREET ADDRESS 4916 18 ST. E  
CITY-ST-ZIP BRADENTON FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ AdditionC/D ☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James P. Herbert* James P. Herbert

April 27, 1999 941-923-3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)