

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 046 \*\*\*\*61.25

**DOCUMENT # N06559**

1. Entity Name  
**THE MIDNIGHT PASS SOCIETY, INC.**



Principal Place of Business  
**1706 SANDALWOOD DRIVE  
SARASOTA, FL 34231 US**

Mailing Address  
**4343 SAWYER RD  
SARASOTA, FL 34233 US**



08082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2480486**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HERBERT, JAMES P  
1706 SANDALWOOD DR  
SARASOTA, FL 34231**

**DO NOT WRITE  
IN THIS SPACE**

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 *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MEUSER, STANLEY  
116 OSPREY POINT DRIVE  
OSPREY, FL 34229**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HERBERT, JIM  
1706 SANDALWOOD DR.  
SARASOTA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WAECHTER, ROBERT  
6539 PEACOCK RD  
SARASOTA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TRIPP, ROBERT  
1602 STRICKNEY POINT RD #402  
SARASOTA, FL 34231**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KERR, WANDA  
5221 OCEAN BLVD SUITE #2 BOX 277  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOWELL, PHILIP  
1750 SOUTH POINTE DR  
SARASOTA, FL 34231**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert Waechter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ROBERT WAECHTER*

*8/8/04*  
Date

Daytime Phone #