

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 031 ****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**

DO NOT WRITE IN THIS SPACE



06212005 No Chg-NP CR2E037 (10/03)

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 _____

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 7, 2005**

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

**DO NOT WRITE
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)(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: _____

Robert Waechter
ROBERT WAECHTER

6/21/05
Date

941-349-0798
Daytime Phone #