


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N06559 1. Entity Name THE MIDNIGHT PASS SOCIETY, INC.	
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Principal Place of Business 1706 SANDALWOOD DRIVE SARASOTA, FL 34231 US	Mailing Address 4343 SAWYER RD SARASOTA, FL 34233 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2480486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERBERT, JAMES P
1706 SANDALWOOD DR
SARASOTA, FL 34231

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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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

U00000580374
01/10/07-80044-022 61.25

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 941 3490798
Date Daytime Phone #