

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number

59-2480486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEUSER, STANLEY
STREET ADDRESS	116 OSPREY POINT DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	CD
NAME	HERBERT, JIM
STREET ADDRESS	1706 SANDALWOOD DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	WAECHTER, ROBERT
STREET ADDRESS	6539 PEACOCK RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	TRIPP, ROBERT
STREET ADDRESS	1602 STRICKNEY POINT RD #402
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	KERR, WANDA
STREET ADDRESS	5221 OCEAN BLVD SUITE #2 BOX 277
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	HOWELL, PHILIP
STREET ADDRESS	1750 SOUTH POINTE DR
CITY-ST-ZIP	SARASOTA, FL 34231

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04/25/08-80070-001 61.25

**DO NOT WRITE
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

Date

Daytime Phone #

4/10/08

941 349 0778