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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11387** (0)

1. Corporation Name

MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC.

Principal Place of Business

**7318 N. TAMiami TRAIL
SARASOTA FL 34243-8401**

Mailing Address

**7318 N. TAMiami TRAIL
SARASOTA FL 34243-1401
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
34243-1401

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
05/02/1996

4. FEI Number
59-2591136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOS, MARY BETH
7318 N. TAMiami TRAIL
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name **Kathy L. Handra**
82 Street Address (P.O. Box Number is Not Acceptable)
7318 N. Tamiami Trail
83
84 City **Sarasota** **FL** 85 Zip Code **34243**

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 understand the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Kathy L. Handra**
Executive Director *Kathy L. Handra*

4/28/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHMIDT, EDWARD J	
STREET ADDRESS	1606 LAKESHORE DR., NO.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZITZELSBERGER, G.H.	
STREET ADDRESS	3645 CORTEZ RD. W, SUITE 140	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TRUMPLER, RICHARD P.	
STREET ADDRESS	2033 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EATON, MARGARET	
STREET ADDRESS	188 SECOND STREET, SUITE 075	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPURGE, ANNIE	
STREET ADDRESS	770 S. PALM AVE., SUITE 802	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOEHLE, CHARLIE	
STREET ADDRESS	P. O. BOX 14070 N/A	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Foster
2.3 STREET ADDRESS	718 Golden Beach Blvd., #1
2.4 CITY-ST-ZIP	Venice, FL 34285
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Fran Carroll
3.3 STREET ADDRESS	4719 Harvest Bend
3.4 CITY-ST-ZIP	Sarasota, FL 34235
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael R. Hobson
4.3 STREET ADDRESS	P.O. Box 37538 N/A
4.4 CITY-ST-ZIP	Sarasota, FL 34278
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr. Marion Coats
5.3 STREET ADDRESS	1219 East Ave. S., Ste. 210
5.4 CITY-ST-ZIP	Sarasota, FL 34239
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dr. Walter Rutkowsky
6.3 STREET ADDRESS	5005 Manatee Ave. W.
6.4 CITY-ST-ZIP	Bradenton, FL 34209

14. I do 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.

SIGNATURE:

Edward J. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

(941)953-3606

Daytime Phone # 0063828

CR2E037 (9/96)