FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N11387 (0) MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC. Principal Place of Business Mailing Address 7318 N. TAMIAMI TRAIL 7318 N. TAMIAMI TRAIL 3. Date Incorporated or Qualified **SARASOTA FL 34243-8401** SARASOTA FL 34243 10/01/1985 4. FEI Number Applied For 59-2591136 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 😡 No Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HANDRA, KATHY L Street Address (P.O. Box Number is Not Acceptable) 7318 N TAMIAMI TRIAL 83 SARASOTA FL 34243 84 Zip Code 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 accept the obligations of, Section 617.0503, Florida Statutes. Handra Kathy Handra, Executive Director
personal and title if applicable (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X DELETE 1.1 TITLE Change 30 Addition TITLE SCHMIDT, EDWARD J Mary Fran Carroll NAME 1.2 NAME 1606 LAKESHORE DR., NO. 1.3 STREET ADDRESS STREET ADDRESS 4719 Harvest Bend Sarasota Fl CITY-ST-ZIP 1,4 CITY-ST-ZIP Sarasota, FL. 34235 DELETE - Addition 2.1 TITLE Change TITLE 914 South Dural Lane FOSTER, ROBERT 2.2 NAME HALE 718 GOLDEN BCH BLVD., #1 2.3 STREET ADDRESS Venice, FL. 34293 STREET ADDRESS VENICE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP **X** Addition DELETE Change 31 TITLE Barbour, Holly Dr. CARROLL, MARY FRAN 3.2 NAME 2222 S. Tamiami Trail 4719 HARVEST BEND STREET ADDRESS 3.3 STREET ADDRESS Sarasota, FL. 34239 CITY-ST-ZW Sarasota fl 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE P.O. Box 37538 N/A HOBSON, MICHAEL R NAME 4. 2 NAME P.O. OBX 37538 STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP X DELETE X Addition 5.1 TITLE TITLE Spurge, Annie **COATS. MARION DR** NAME 5.2 NAME 770 S. Palm Avenue 1219 EAST AVE SOUTH STE 210 5.3 STREET ADDRESS STREET ADDRESS SARASOTA FL Sarasota, FL. 34236 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition

14. I heraby 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 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 control or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

6.3 STREET ADDRESS

5.1 TITLE

SIGNATURE

RUTHOWSKY, WALTER DR

5005 MANATEE AVE WEST

BRADENTON FL

TITLE

STREET ADDRESS

CITY-ST-ZIP

Rutkowsky, Walter Dr.

Bradenton, FL. 34209