### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N11387**

1. Corporation Name

### MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC.

# **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90067 048 \*\*\*\*61.25

Principal Place of Business Mailing Address						
		7318 N. TAMIAMI TRAIL			# 1840 HERE #1841 HERE HERE HERE HERE HERE HERE HERE HER	
SARASOTA F	SARASOTA FL 34243	SOTA FL 34243				
		US			I (MEXILO) AND ISSUE SIDER STREET (SEE) CODE BLOSS BLOOK BLOSS BLOOK	i Alăit atan labi
Principal Place of Business     2a. Mailing Address					3. Date Incorporated or Qualifed	
1 26					10/01/1985	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		4. FEI Number	Applied For
22					59-2591136	Not Applicable
City & Sta	City & State City & State				E. Contifonto of Status Designed     The Contifonto of Status Designed	5 Additional
23	28				<del></del>	Required
Zip	Country	Zip	Country	y	, ,	0 May Be
24	25	29	30		Trust Fund Contribution Adde  10. Name and Address of New Registered Agent	ed to Fees
	9. Name and Address of Curre	ant Registered Agent	81	Name A	· / //:	
					anice reaski	
HANDRA, KATHY L			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
7318 N TAMIAMI TRIAL			83	101	o jv. jannami nan	
SARASOTA FL 34243						
			84	84 City Sa(150) FL 85 Zip Code 345443		
44 5		F00 4 047 1500 Florido Statu	to the abou	1 100	continue automate this statement for the surross of changing	ite registered
office or	registered agent or both in the Stat	te of Florida. Such change was a	authorized by	the corporation	on's board of directors. I hereby accept the appointment as	registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.0503, Fig	orida Statutes	5.	1	laa
SIGNATURE	Janue 7. Helsk		ELZK	ent signature require	d when reinstation) DATE	44
12.	Ignature, typed or printed name of registered a	AND DIRECTORS	13.	mit signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	ГР	☐ DELETE	1.1 TITLE		☐ Chan	ge Addition
NAME	CARROLL, M F		1.2 NAME			
STREET ADDRESS	a		1.3 STREE	TADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		1.4 CITY-5	ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		· Chan	ge Addition
NAME	FOSTER, ROBERT		2.2 NAME			
STREET ADDRESS	i		2.3 STREE	T ADDRESS	and the second of the second o	Andreas Andreas
CITY-ST-ZIP	VENICE FL 34293		2. 4 CITY-	ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Chan	ge Addition
NAME	BARBOUR, HOLLY		3.2 NAME	į		
STREET ADDRESS			3.3 STREE	T ADDRESS		•
CITY-ST-ZIP	SARASOTA FL 34239		3.4. CITY-	ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		Chan	ge
NAME	HOBSON, MICHAEL R		4. 2 NAME			
STREET ADDRESS	1 '		4.3 STREE	T ADORESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-S	ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Chan	ge Addition
NAME	SPURGE. A		5.2 NAME			

**BRADENTON FL 34209** 14. 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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

770 S PALM AVE

RUTKOWSKY, W

SARASOTA FL 34236

**5005 MANATEE AVE WEST** 

DELETE.

☐ Addition

Change