

DOCUMENT # N11387

1. Entity Name

MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC.

Principal Place of Business

7318 N. TAMiami TRAIL
SARASOTA FL 34243-0401

Mailing Address

7318 N. TAMiami TRAIL
SARASOTA FL 34243-1401
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2591136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELSKI, JANICE
7318 N TAMiami TRAIL
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, M F 4719 HARVEST BEND SARASOTA FL 34235	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, ROBERT 914 S DURAL LN VENICE FL 33593	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBOUR, MOLLY 2222 S TAMiami TR SARASOTA FL 34239	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBSON, MICHAEL R POB 37538 SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPURGE, A 770 S PALM AVE SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTKOWSKY, W 5005 MANATEE AVE WEST BRADENTON FL 34209	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
V David Nicholas 3635 Country Place Sarasota, FL 34233	☐ Change ☒ Addition
S Betty Hendry 770 So. Palm Ave., #1101 Sarasota, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

941-359-1404

W. F. Carroll 2/23/2000 941-359-1404