

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N11387

1. Entity 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 US**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 TRIAL
SARASOTA, FL 34243**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REEVES, ANDY
121 SHORELAND DRIVE
OSPREY, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
APONTE, ALICIA
4002 24TH AVE. WEST
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCCALL, SANDRA
6798 ARECA BLVD.
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000598838
01/25/07-80043-020 70.00

**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:

Janice Felski - JANICE FELSKI, EXEC. DIRECTOR

941-359-1404

Date

Daytime Phone #