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FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005568 (7)

1. Corporation Name

THE NATIONAL CIRCUS SCHOOL OF PERFORMING ARTS, I  
NC.



Principal Place of Business

Mailing Address

4005 NELSON AVE.  
SARASOTA FL 34231

4005 NELSON AVE.  
SARASOTA FL 34231

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

65-0786312

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIS, PEDRO  
4005 NELSON AVE.  
SARASOTA FL 34231

01 Name

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

03

04 City

FL

05 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME CARLSON, ANDY  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE  Change  Addition  
1.2 NAME TOM JOHNSON  
1.3 STREET ADDRESS 4005 NELSON AVE.  
1.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE D  DELETE  
NAME HILL, ALAN  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GOLDBERG, ART  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME REID, MACK  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WALK, DEBBIE  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ADLER, RITA  
STREET ADDRESS 4005 NELSON AVE.  
CITY-ST-ZIP SARASOTA FL 34231

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 appointment with an address.

SIGNATURE:

2-10-98 941-366-0670

CR2E037 (10/97)