

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N97000005568

Entity Name: CIRCUS SARASOTA, INC.

Current Principal Place of Business:

8251 15TH STREET EAST
SUITE B
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8251 15TH STREET EAST
SUITE B
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0786312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIS, PEDRO
4005 NELSON AVE.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LIEVING, LARRY
Address: 8251 15TH ST. E., UNIT B
City-St-Zip: SARASOTA, FL 34234

Title: P () Delete
Name: PILON, RAYMOND
Address: 8251 15TH ST EAST UNIT B
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: ADLER, RITA
Address: 8251 15TH ST EAST UNIT B
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: JACOB, DOLLY
Address: 8251 15TH ST EAST UNIT B Y
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: WALK, DEBORAH
Address: 8251 15TH ST EAST UNIT B
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: COLLINS, ROBERT
Address: 8251 15TH ST E UNIT B
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LIEVING

T

04/17/2009

Electronic Signature of Signing Officer or Director

Date