2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005568

Entity Name: THE CIRCUS ARTS CONSERVATORY, INC.

FILED Jan 12, 2018 **Secretary of State** CC1115524977

Current Principal Place of Business:

2075 BAHIA VISTA STREET SARASOTA, FL 34239

Current Mailing Address:

2075 BAHIA VISTA STREET SARASOTA, FL 34239 US

FEI Number: 65-0786312 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REIS, PEDRO 2075 BAHIA VISTA STREET SARASOTA, FL 34239 US

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

Officer/Director Detail:

Title VC Title **CHAIRMAN** DEAN, JACK BROWN, JACK Name Name

2075 BAHIA VISTA STREET Address 2075 BAHIA VISTA STREET Address

City-State-Zip: SARASOTA FL 34239 SARASOTA FL 34239 City-State-Zip:

Title DIRECTOR Title **SECRETARY** Name

CARSON, LINDA Name WALK, DEBORAH

Address 2075 BAHIA VISTA STREET Address 2075 BAHIA VISTA STREET SARASOTA FL 34239 City-State-Zip: City-State-Zip: SARASOTA FL 34239

Title DIRECTOR Title **DIRECTOR**

Name THAYER, COLLEEN REIS. PEDRO Name

Address 2075 BAHIA VISTA STREET Address 2075 BAHIA VISTA STREET

SARASOTA FL 34239 City-State-Zip: SARASOTA FL 34239 City-State-Zip:

Title DIRECTOR Title DIRECTOR

KONA, SOUMYA Name LOWTHER, BARTON Name

2075 BAHIA VISTA STREET Address 2075 BAHIA VISTA STREET Address City-State-Zip: SARASOTA FL 34239 SARASOTA FL 34239 City-State-Zip:

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I hereby 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 all other like empowered.

01/12/2018 SIGNATURE: PEDRO REIS DIRECTOR/CEO

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MALAWSKY, DONALD

Address 6705 COYOTE RIDGE COURT
City-State-Zip: UNIVERSITY PARK FL 34201

Title DIRECTOR Name TYE, BARB

Address 3165 FOUNDERS CLUB DRIVE

City-State-Zip: SARASOTA FL 34240

Title DIRECTOR

Name SALMON, MICHAEL

Address 441 33RD STREET NORTH #105 City-State-Zip: ST. PETERSBERG FL 33713