2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005568

Entity Name: THE CIRCUS ARTS CONSERVATORY, INC.

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

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

REIS, PEDRO 2075 BAHIA VISTA STREET SARASOTA, FL 34239 US Certificate of Status Desired: Yes

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:

Officer/Dire	ctor Detail :		
Title	TREASURER	Title	CHAIR
Name	FRACZAK, LARRY	Name	MCKNIGHT, MITCHELL
Address	2075 BAHIA VISTA STREET	Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239
Title	VC	Title	VC
Name	DEAN, JACK	Name	BROWN, JACK
Address	2075 BAHIA VISTA STREET	Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239
Title	SECRETARY	Title	DIRECTOR
Name	WALK, DEBORAH	Name	JOHNSON, ROBERT
Address	2075 BAHIA VISTA STREET	Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239
Title	DIRECTOR	Title	DIRECTOR
Name	STARR, IRWIN	Name	CARSON, LINDA
Address	2075 BAHIA VISTA STREET	Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

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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.

SIGNATURE: PEDRO REIS	CEO
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01/20/2014

Electronic Signature of Signing Officer/Director Detail

FILED Jan 20, 2014 Secretary of State CC1865686925

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOUGHLIN, JOHN
Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239
Title	DIRECTOR
Name	REIS, PEDRO
Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239
Title	DIRECTOR
Name	SALVATORI, KATHERINE
Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239

Title	DIRECTOR
Name	PALMER, LOU ANN
Address	2075 BAHIA VISTA STREET
City-State-Zip:	SARASOTA FL 34239
Title	DIRECTOR
Title Name	DIRECTOR THAYER, COLLEEN
Name	THAYER, COLLEEN