

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753675

FILED
Apr 07, 2009
Secretary of State

Entity Name: CIRCUS MARANATHA, INC.

Current Principal Place of Business:

3650 HENRIETTA PLACE
C/O TINO WALLEDA-ZOPPE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

3650 HENRIETTA PLACE
C/O TINO WALLEDA-ZOPPE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2193929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLEDA-ZOPPE, TINO
3650 HENRIETTA PLACE
SARASOTA, FL 34234 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: VD () Delete
Name: MAY, HARRY
Address: 1000 CHARLOTTE ST
City-St-Zip: SARASOTA, FL 34237

Title: PD () Delete
Name: WALLEDA-ZOPPE, TINO
Address: 3650 HENRIETTA PL
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: MASCITTO, LEO
Address: 11019 10TH AVE. E.
City-St-Zip: BRADENTON, FL

Title: S () Delete
Name: MASCITTO, KLARA
Address: 11019 10TH AVE. E.
City-St-Zip: BRADENTON, FL

Title: T () Delete
Name: ZOPPE, OLINKA
Address: 3650 HENRIETTA PL
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: THERON, J.P.
Address: 4720 N. LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL

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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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: TINO WALLEDA-ZOPPE

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date