

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 045 ****61.25

DOCUMENT # N02000000253					
1. Entity Name CIRCUS AND TRAVELING SHOWS RETIREMENT PROJECT, INC.					
Principal Place of Business PO 361 TALLEVEST, FL 34270			Mailing Address P. O. 361 TALLEVEST, FL 34270		
2. Principal Place of Business - No P.O. Box # 6973 W. Country Club Dr Suite, Apt. #, etc. 152		3. Mailing Address Suite, Apt. #, etc.			
City & State Sarasota FL		City & State		4. FEI Number 80-0028089	
Zip 34243		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIKER, DALE 6973 W. COUNTRY CLUB DR. N. UNIT 152 SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ST NAME RIKER, DALE STREET ADDRESS 6973 W. COUNTRY CLUB DR. N. CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE CHAIRMAN NAME GEORGE HOGAN STREET ADDRESS 196 MAIN ST CITY-ST-ZIP NORTH ANDOVER, MA 01845	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HOBELMAN, CHARLOTTE STREET ADDRESS 3211 4TH ST. NE CITY-ST-ZIP WASHINGTON, DC 20017	<input type="checkbox"/> Delete		TITLE D NAME SUZAN MEHKE STREET ADDRESS 2950 GLOSTER CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FRAZIER, NORMA STREET ADDRESS 1278 44TH ST. CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DELANEY, PATRICK STREET ADDRESS 11509 EAST BAY ROAD CITY-ST-ZIP GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZERBINI, JACQUELINE STREET ADDRESS 8466 N LOCKWOOD RIDGR RD CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RAWLS, DAVID STREET ADDRESS P.O. BOX 829 CITY-ST-ZIP HUGO, OK 74743	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dale A. Riker</u> <u>DALE A. RIKER</u> <u>4/14/2008</u> <u>(941) 351-8040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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