

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000253

FILED
Apr 08, 2009
Secretary of State

Entity Name: CIRCUS AND TRAVELING SHOWS RETIREMENT PROJECT, INC.

Current Principal Place of Business:

6973 COUNTRY CLUB DR.
152
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

P. O. 361
TALLEVEST, FL 34270

New Mailing Address:

FEI Number: 80-0028089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIKER, DALE
6973 W. COUNTRY CLUB DR. N.
UNIT 152
SARASOTA, FL 34243 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: ST () Delete
Name: RIKER, DALE
Address: 67973 W. COUNTRY CLUB DR. N.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HOBELMAN, CHARLOTTE
Address: 3211 4TH ST. NE
City-St-Zip: WASHINGTON, DC 20017

Title: D () Delete
Name: FRAZIER, NORMA
Address: 1278 44TH ST.
City-St-Zip: SARASOTA, FL 34234

Title: C () Delete
Name: HOGAN, GEORGE
Address: 196 MAIN ST
City-St-Zip: NORTH ANDOVER, MA 01845

Title: D () Delete
Name: ZERBINI, JACQUELINE
Address: 8466 N LOCKWOOD RIDGR RD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SUSAN, MENKE
Address: 2950 61ST ST
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOBELMAN, CHARLOTTE
Address: 13000 AUBURN RD.
City-St-Zip: WASHINGTONCHARDON, OH 44024

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

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

Title: D (X) Change () Addition
Name: ZERBINI, JACQUELINE
Address: 5625 MONTE ROSSO RD
City-St-Zip: SARASOTA, FL 34243

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: DALE A RIKER

ST

04/08/2009

Electronic Signature of Signing Officer or Director

Date