

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N17762 1. Entity Name ALLIE SCHMIDT-BILL SPRANZA TENT OF CIRCUS SAINTS & SINNERS CLUB OF AMERICA, INC.	
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Principal Place of Business 4809 SW 13TH AVE P O BOX 366 CAPE CORAL, FL 33914 US	Mailing Address P O BOX 366 P.O. BOX 366 CAPE CORAL, FL 33910 US
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2620198	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGROVES, JAY W 4647 SE 17TH PL APT 102 CAPE CORAL, FL 33904
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LABARBENA, JOHN 1733 SE 44TH TERRACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARKS, ROBERT E 7715 CAMERON CIR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEGROVES, JAY W 4647 SW 17TH PL APT 102 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/21/05-80044-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jay W. Segroves* **JAY W. SEGROVES** 1/11/05 (239) 540-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #