

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17762

FILED
Jan 11, 2009
Secretary of State

Entity Name: ALLIE SCHMIDT-BILL SPRANZA TENT OF CIRCUS SAINTS & SINNERS CLUB OF AMERICA, INC.

Current Principal Place of Business:

4809 SW 13TH AVE
P O BOX 366
CAPE CORAL, FL 33914 US

New Principal Place of Business:

1733 SE 44TH TERRACE
CAPE CORAL, FL 33904 US

Current Mailing Address:

P O BOX 366
P.O. BOX 366
CAPE CORAL, FL 33910 US

New Mailing Address:

P O BOX 100366
CAPE CORAL, FL 33910 US

FEI Number: 59-2620198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGROVES, JAY W
4647 SE 17TH PL APT 102
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SEGROVES, JAY W
4647 SE 17TH PLACE
APT.#102
CAPE CORAL, FL 33904 US

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:

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABARBENA, JOHN
Address: 1733 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: SAYERS, DICK
Address: 10 SW 19TH ST
City-St-Zip: CAPE CORAL, FL 33991

Title: TD () Delete
Name: SEGROVES, JAY W
Address: 4647 SW 17TH PL APT 102
City-St-Zip: CAPE CORAL, FL 33904

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:

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: JAY W. SEGROVES

TD

01/11/2009

Electronic Signature of Signing Officer or Director

Date