

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:55

DOCUMENT # N19255 (1)
1. Corporation Name
SARASOTA CIRCUS FOUNDATION, INC.

Principal Place of Business Mailing Address
2477 STICKNEY PT RD STE 311B **2477 STICKNEY PT RD STE 311B**
~~Michael R. Pender, Jr.~~ ~~Michael R. Pender, Jr.~~
SARASOTA FL 34231 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/16/1987 **05/01/1994**

4. FEI Number Applied For / Not Applicable
59-2805974

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199(1)(2) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 2b

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 County 29 Zip 30 County

9. Name and Address of Current Registered Agent
HILL, ALLAN C
2477 STICKNEY POINT RD
STE 311B
SARASOTA FL 34231

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, ALLAN C.
STREET ADDRESS 2477 STICKNEY POINT RD
CITY - ST - ZIP SARASOTA FL

TITLE SD
NAME DART, JOHN M.
STREET ADDRESS 1549 RINGLING BLVD.
CITY - ST - ZIP SARASOTA FL

TITLE VPD
NAME HILL, THERESA M.
STREET ADDRESS 1756 KESTRAL PARK DR
CITY - ST - ZIP SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X [Signature]* 6/21/95 813-923-4758
DATE (Typed Name)

CR2E037 (3/95)