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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001152

1. Corporation Name

SARASOTA SAILOR CIRCUS FOUNDATION, INC.

Principal Place of Business

2075 BAHIA VISTA STREET
SARASOTA FL 34239

Mailing Address

2075 BAHIA VISTA STREET
SARASOTA FL 34239

5 4 8 1 4 8
540148 - 90287 - 16



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

65-0810109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, JULIE
2075 BAHIA VISTA STREET
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 D ☐ DELETE

NAME CARLSON, A.A.
STREET ADDRESS 2724 BEDFORD WAY
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME RAMSEY, JERRY
STREET ADDRESS 4760 COUNTRY MEADOWS BLVD
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME BUCKINGHAM, MARYLOU
STREET ADDRESS 5712 BAHIA VISTA
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☐ DELETE

NAME CAMPBELL, PATTY
STREET ADDRESS 1937 N ALLENDALE
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE

NAME DUFF, MIKE
STREET ADDRESS 2285 NOVUS STREET
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ DELETE

NAME HARTERY, CHARLIE
STREET ADDRESS 5038 DELMONTE AVE
CITY-ST-ZIP SARASOTA FL 34235

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

x2-28-99 x941-366-0670

Date

Daytime Phone #

CR2E037 (1/98)