## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001152

Entity Name: SARASOTA SAILOR CIRCUS FOUNDATION, INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2075 BAHIA VISTA STREET SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** 2075 BAHIA VISTA STREET SARASOTA, FL 34239 FEI Number: 65-0810109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOEFFLER, SUSAN MUNCY, KEITH 2075 BAHIA VISTA STREET 2075 BAHIA VISTA STREET SARASOTA, FL 34239 SARASOTA, FL 34239 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: KEITH MUNCY 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCHWANTZ, ANNE Name: Name: 4141 TEE ROAD Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: RAMSEY, JERRY Name: Address: 4760 COUNTRY MEADOWS BLVD Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: () Change () Addition WEST, SUE Name: Name: 5823 WHISTLEWOOD CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CAMPBELL, PATTY Name: 1937 N ALLENDALE Address: Address: SARASOTA, FL 34234 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DUFF, MIKE Name: Name: 2285 NOVUS STREET Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HARTERY, CHARLIE REHMEYER, RICHARD Name: Name: Address: 5038 DELMONTE AVE Address: 1880 ARLINGTON ST SARASOTA, FL 34235 SARASOTA, FL 34236 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA CAMPBELL D 04/30/2004

D - GLEN WOOD 3055 SPENCER LN SARASOTA, FL 34239

D- ALANA MONGE 5234 LAKE VILLAGE DR. SARASOTA, FL 34235

D - JON SWIFT 2221 8TH ST SARASOTA, FL 34237

D- DEBORAH MARKS 5602 MONTE ROSSO RD SARASOTA, FL 34243

D - PATRICIA JACKSON 4311 4TH AVE NE BRADENTON, FL 34208