

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001152

FILED  
Feb 22, 2008  
Secretary of State

**Entity Name:** SARASOTA SAILOR CIRCUS FOUNDATION, INC.

**Current Principal Place of Business:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-0810109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUNCY, KEITH  
2075 BAHIA VISTA STREET  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOOD, GLENN  
Address: 3055 SPENCER LANE  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: SWIFT, JON  
Address: 2221 8TH ST  
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete  
Name: MARKS, DEBBIE  
Address: 1660 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: MONGE, ALANA  
Address: 2002 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: CAMPBELL, PATRICIA A  
Address: 1937 N ALLENDALE AVE  
City-St-Zip: SARASOTA, FL 34234

**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:

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: PATRICIA A CAMPBELL

T

02/22/2008

Electronic Signature of Signing Officer or Director

Date