2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000001152

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:

COX II, JOHN W DIRECTO
2075 BAHIA VISTA STREET
SARASOTA, FL 34239 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: JOHN W COX II 04/15/2009
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 04/15/2009
Electronic Signature of Signing Officer or Director Date