

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001152

FILED  
Feb 18, 2010  
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:**

COX II, JOHN W DIRECTO  
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  
**Name:** WOOD, GLENN  
**Address:** 3055 SPENCER LANE  
**City-St-Zip:** SARASOTA, FL 34239

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA CAMPBELL

T

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date