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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000004824

1. Corporation Name

UNITED STATES CIRCUS ARTS PROGRAM, INC.

Principal Place of Business

POST OFFICE BOX 22264
 SARASOTA FL 34276-5264

Mailing Address

C/O CHRISTOPHER C. NASH
 115 WEST OLYMPIA AVENUE
 PUNTA GORDA FL 33951



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address Jack O. Hackett II

26 P.O. Drawer 511447

27 Suite, Apt. #, etc.

115 West Olympia Avenue

28 City & State

Punta Gorda, Florida 33951

29 Zip

30 Country

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

65-0360993

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

NASH, CHRISTOPHER C
 FARR, FARR, EMERICH, ET. AL.
 115 WEST OLYMPIA AVENUE
 PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

Jack O. Hackett II, Esquire

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

115 W. Olympia Avenue

83

84 City

Punta Gorda,

FL

85 Zip Code

33951

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 PD DELETE
 NAME MCCREEDY, WILLIAM J II
 STREET ADDRESS 20201 BACHMANN BLVD.
 CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE STD DELETE
 NAME JOHNSON, DONNA
 STREET ADDRESS 20201 BACHMANN BLVD.
 CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE VD DELETE
 NAME SUAREZ, MARIA G
 STREET ADDRESS 429 DARLING DRIVE
 CITY-ST-ZIP VENICE FL 34285

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE SD Change Addition
 2.2 NAME Gaona, Sylvia
 2.3 STREET ADDRESS 432 Spadaro Drive
 2.4 CITY-ST-ZIP Venice, FL 34285

3.1 TITLE ID Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE VD Change Addition
 4.2 NAME Gaona, Armando
 4.3 STREET ADDRESS 432 Spadaro Drive
 4.4 CITY-ST-ZIP Venice, FL 34285

5.1 TITLE PD Change Addition
 5.2 NAME Gaona, Victor
 5.3 STREET ADDRESS 432 Spadaro Drive
 5.4 CITY-ST-ZIP Venice, FL 34285

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99(941)624-4216
 Date Day/Time Phone #

CR2E037 (1/198)