


FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705654 (2)
1. Corporation Name
RINGLING SCHOOL OF ART AND DESIGN, INC.



Principal Place of Business 2700 N. TAMAMI TRL. SARASOTA FL 34234	Mailing Address 2700 N. TAMAMI TRL. SARASOTA FL 34234
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3. Date Incorporated or Qualified 05/12/1933	
4. FEI Number 59-0637903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KIMBROUGH, ROBERT
1530 CROSS ST.
SARASOTA FL 33577-3715**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTR	<input type="checkbox"/> DELETE
NAME	THOMAS E. LINEHAN	
STREET ADDRESS	2700 N. TAMAMI TRAIL	
CITY - ST - ZIP	SARASOTA FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	KIRTLEY, WILLIAM T.	
STREET ADDRESS	2940 S. TAMAMI TRAIL	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ERNEST	
STREET ADDRESS	1662 SOUTH DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMBROUGH, ROBERT A.	
STREET ADDRESS	1715 SOUTH DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FERGUSON, ARTHUR	
STREET ADDRESS	5215 HIDDEN HARBOR RD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROBBINS, MARK D.	
STREET ADDRESS	561 HARBOR POINT RD	
CITY - ST - ZIP	LONGBOAT KEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	P.O. Box 15945 N/A	
3.4 CITY - ST - ZIP	Sarasota, FL 34236	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1530 Cross Street	
4.4 CITY - ST - ZIP	Sarasota, FL 34236	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elaine Keating	
5.3 STREET ADDRESS	4134 Gulf of Mexico Dr. Suite 10	
5.4 CITY - ST - ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Longboat Key, F1 34228	
6.3 STREET ADDRESS	Dr. Stephen J. Korcheck	
6.4 CITY - ST - ZIP	6424 Fox Hunt Lane, Bradenton, FL 34202	

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.

SIGNATURE: *Thomas E. Linehan* 1/18/98 941/359-7601

CR2E037 (10/97)