


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 025 ****70.00

DOCUMENT # 705654
 1. Entity Name
RINGLING SCHOOL OF ART AND DESIGN, INC.



Principal Place of Business
**2700 N. TAMiami TRl.
 SARASOTA, FL 34234**

Mailing Address
**2700 N. TAMiami TRl.
 SARASOTA, FL 34234**

50007126



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-0637903

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KIMBROUGH, ROBERT
1530 CROSS ST.
SARASOTA, FL 33577-3715

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **THOMPSON, LARRY R DR**
 STREET ADDRESS **2700 N. TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CT** Delete
 NAME **MACIARIELLO, LAWRENCE**
 STREET ADDRESS **7821 BROADMOOR PINES BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **FERGUSON, ARTHUR**
 STREET ADDRESS **5215 HIDDEN HARBOR RD.**
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AST** Delete
 NAME **KIMBROUGH, ROBERT A.**
 STREET ADDRESS **1530 CROSS ST**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCT** Delete
 NAME **JOHNSON, CAROLYN**
 STREET ADDRESS **3350 OLD OAK DR**
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **MCBEAN, ROY**
 STREET ADDRESS **2097 WASATCH DR.**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Larry R. Thompson** 1/16/05 941-359-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #