

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705654

FILED
Jan 31, 2008
Secretary of State

Entity Name: RINGLING COLLEGE OF ART & DESIGN, INC.

Current Principal Place of Business:

2700 N. TAMIAMI TRL.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2700 N. TAMIAMI TRL.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-0637903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMBROUGH, ROBERT
1530 CROSS ST.
SARASOTA, FL 34236 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 () Delete
Name: THOMPSON, LARRY R DR
Address: 2700 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: CT () Delete
Name: MARTIN, MICHAEL T
Address: 131 EAST 69TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: T () Delete
Name: STEIN, STEVEN B
Address: 2095 BLAIRMONT DRIVE
City-St-Zip: PITTSBURGH, PA 15241

Title: AST () Delete
Name: KIMBROUGH, ROBERT A.,
Address: 1530 CROSS ST.
City-St-Zip: SARASOTA, FL 34236

Title: VCT () Delete
Name: JENNINGS, EDWARD H DR
Address: 1007 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

Title: ST () Delete
Name: STULBERG, LOIS
Address: 655 LONGBOAT CLUB ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

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:

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: LARRY THOMPSON

DR.

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date