FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733562 (3)

1. Corporation Name

RINGLING SCHOOL OF ART & DESIGN LIBRARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1605 MAIN ST., SUITE 1100 SARASOTA FL 34236	1605 MAIN ST., SUITE 1100 SARASOTA FL 34236

3. Date Incorporated or Qualified: 08/13/1975
3a. Date of Last Report: 03/13/1995

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

4. FEI Number: 51-0173628 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PENDER JR., MICHAEL R.
1605 MAIN ST.
SUITE 1100
SARASOTA FL 34236

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CAROLYN		12 NAME		
STREET ADDRESS	3348 OLD OAK DR		13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		14 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	21 TITLE	VPD	☐ Change ☒ Addition
NAME	VAN TASSEL, LAURIE M		22 NAME	FRANCIE JONES	
STREET ADDRESS	4451 OAKLEY GREENE		23 STREET ADDRESS	456 MEADOW LARK DRIVE	
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☒ Addition
NAME	BRENK, URSULA G.		32 NAME	SARA BAGLEY	
STREET ADDRESS	1700 BEN FRANKLIN DR #PHC		33 STREET ADDRESS	1435 CEDAR BAY LANE	
CITY-ST-ZIP	SARASOTA, FL 00000		34 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	☒ DELETE	41 TITLE	C/S D	☐ Change ☒ Addition
NAME	PALLAGI, TRUDE		42 NAME	URSULA ECKERT	
STREET ADDRESS	3501 MISTLETOE LANE		43 STREET ADDRESS	2450 HARBORSIDE DRIVE #241	
CITY-ST-ZIP	LONGBOAT KEY FL		44 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PENDER, MICHAEL R., JR.		52 NAME		
STREET ADDRESS	1605 MAIN STREET #1100		53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	KAIGHIN, LILLY B.		62 NAME		
STREET ADDRESS	1323 TANGIER WAY		63 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael R. Pender Jr. 2-10-96 941-366-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL R. PENDER, JR., TREASURER