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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1605 MAIN ST., SUITE 1100
SARASOTA FL 34236

Mailing Address

1605 MAIN ST., SUITE 1100
SARASOTA FL 34236-58483. Date Incorporated or Qualified
08/13/19753a. Date of Last Report
02/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	JOHNSON, CAROLYN	
STREET ADDRESS	3348 OLD OAK DR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VPD	☐ DELETE
NAME	JONES, FRANCIE	
STREET ADDRESS	458 MEADOW LARK DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	☐ DELETE
NAME	BAGLEY, SARA	
STREET ADDRESS	1435 CEDAR BAY LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CSD	☒ DELETE
NAME	ECICERT, URSULA	
STREET ADDRESS	2450 HARBORSIDE DRIVE SUITE 241	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	☐ DELETE
NAME	PENDER, MICHAEL R., JR.	
STREET ADDRESS	1605 MAIN STREET #1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	☒ DELETE
NAME	KAIGHIN, LILLY B.	
STREET ADDRESS	1323 TANGIER WAY	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2ND VPD	☐ Change ☒ Addition
1.2 NAME	REEDER, SUSIE	
1.3 STREET ADDRESS	1125 N. LAKE SHORE DRIVE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CSD	☐ Change ☒ Addition
4.2 NAME	JEFFRIES, PAT	
4.3 STREET ADDRESS	7414 WESTMORELAND DRIVE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34242	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 19 1997

Date

Daytime Phone # 0061057

CR2E037 (9/96)