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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733562

1. Corporation Name

RINGLING SCHOOL OF ART & DESIGN LIBRARY ASSOCIAT ION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/13/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0173628 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 12		
TITLE	~~VPD~~ PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	REEDER, SUSIE		1.2 NAME		
STREET ADDRESS	1125 N LAKESHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	JONES, FRANCIE		2.2 NAME	JOHNSON, GAIL	
STREET ADDRESS	456 MEADOW LARK DRIVE		2.3 STREET ADDRESS	5909 RAVENWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BAGLEY, SARA		3.2 NAME	NORTON, ISABEL	
STREET ADDRESS	1435 CEDAR BAY LANE		3.3 STREET ADDRESS	1500 NORTH DRIVE	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	CSD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	JEFFRIES, PAT		4.2 NAME	ROBERTS, EILEEN	
STREET ADDRESS	7414 WESTMORELAND DR		4.3 STREET ADDRESS	650 S. OWL DRIVE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENDER, MICHAEL R., JR.		5.2 NAME		
STREET ADDRESS	1605 MAIN STREET #1100		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Michael R. Pender Jr. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 02 1999 Date

941-366-2483 Daytime Phone #