

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 # **N48804** (1)
1. Corporation Name

JOHN RINGLING CENTRE FOUNDATION, INC.



Principal Place of Business: 111 NORTH TAMiami TRAIL, SARASOTA FL 34236, US
Mailing Address: 111 NORTH TAMiami TRAIL, SARASOTA FL 34236, US

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 08/04/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0333760
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: MERRILL, WILLIAM W, 2033 MAIN STREET, SUITE 600, SARASOTA FL 34236
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	SMALLY, DONALD 5216 LINDINGS BLVD. SARASOTA FL 34231	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TR	NICHOLS, JOHN 6349 RAVENWOOD WAY SARASOTA FL 34243	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DEAN, JIMMY 601 S., OSPREY AVE. SARASOTA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MACON, M R 100 ELECTRIC BLVD. SARASOTA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BERMAN, JAY 1912 TULIP DR. SARASOTA FL 34239	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BOGUSZ, TED 2196 PRINCETON ST. SARASOTA FL 34237	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 2/22/96 DAYTIME PHONE #: 365-7449

CR2E037 (12/95)