

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 # **742349** (4)

1. Corporation Name

THE JOHN AND MABLE RINGLING, MUSEUM OF ART FOUNDATION, INCORPORATED



Principal Place of Business

Mailing Address

**5401 BAYSHORE ROAD
P.O. BOX 1838
SARASOTA FL 34243**

**5401 BAY SHORE ROAD
SARASOTA FL 34243-2161
US**

3. Date Incorporated or Qualified
04/12/1978

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **5401 Bay Shore Rd.**
Suite, Apt. #, etc.

26 **5401 Bay Shore Road**
Suite, Apt. #, etc.

22 City & State
SARASOTA, FL

27 City & State
SARASOTA, FL

24 Zip
34243

25 Country
SARASOTA

29 Zip
34243

30 Country
US

4. FEI Number
59-6214423

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

10. Name and Address of New Registered Agent

**EBITZ, DAVID
5401 BAY SHORE RD
SARASOTA FL 34243**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DAVID EBITZ, DIRECTOR**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☒ DELETE
NAME **TAYLOR, JAMES A.**
STREET ADDRESS **6940 SE 4TH ST**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DCP** ☒ DELETE
NAME **CARR, ROBERT J.**
STREET ADDRESS **720 ORANGE AVE SOUTH**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **HOLMES, JACQUELINE B.**
STREET ADDRESS **1253 SOUTHSORE DR**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☒ DELETE
NAME **MEYER, JUDITH S.**
STREET ADDRESS **2020 71ST ST. N.W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **DS** ☒ DELETE
NAME **DINKEL, NANCY R. DR.**
STREET ADDRESS **2828 SUNSET DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DCP** ☒ Change ☐ Addition
1.2 NAME **BLALOCK, ROBERT G.**
1.3 STREET ADDRESS **P.O. Box 469**
1.4 CITY-ST-ZIP **BRADENTON, FL 34206**

2.1 TITLE **DT** ☒ Change ☐ Addition
2.2 NAME **BARNETT, JAMES S.**
2.3 STREET ADDRESS **1201 6th Ave West**
2.4 CITY-ST-ZIP **BRADENTON, FL 34205**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **HARRIS, HELEN**
3.3 STREET ADDRESS **2311 N. WINDY AVE**
3.4 CITY-ST-ZIP **LAUREL, FL 33803**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DS** ☒ Change ☐ Addition
5.2 NAME **ELIZABETH H. HUSSEY**
5.3 STREET ADDRESS **1200 HUBBARD AVE**
5.4 CITY-ST-ZIP **OKLAHOMA, FL 32804**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Blalock, President

1/17/96
Date

Daytime Phone #

CR2E037 (12/95)