

# 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**

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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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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 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

**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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE  
NAME **PD JOHNSON, CAROLYN**  
STREET ADDRESS **3348 OLD OAK DR**  
CITY-STATE-ZIP **SARASOTA, FL 00000**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☒ DELETE  
NAME **VPD VAN TASSEL, LAURIE M**  
STREET ADDRESS **4451 OAKLEY GREENE**  
CITY-STATE-ZIP **SARASOTA FL**

21 TITLE ☐ Change ☒ Addition  
22 NAME **VPD FRANKIE JONES**  
23 STREET ADDRESS **456 MEADOW LARK DRIVE**  
24 CITY-STATE-ZIP **SARASOTA, FL 34236**

TITLE ☒ DELETE  
NAME **SD BRENK, URSULA G.**  
STREET ADDRESS **1700 BEN FRANKLIN DR #PHC**  
CITY-STATE-ZIP **SARASOTA, FL 00000**

31 TITLE ☐ Change ☒ Addition  
32 NAME **SD SARA BAGLEY**  
33 STREET ADDRESS **1435 CEDAR BAY LANE**  
34 CITY-STATE-ZIP **SARASOTA, FL 34231**

TITLE ☒ DELETE  
NAME **D PALLADI, TRUDE**  
STREET ADDRESS **3501 MISTLETOE LANE**  
CITY-STATE-ZIP **LONGBOAT KEY FL**

41 TITLE ☐ Change ☒ Addition  
42 NAME **C/E D URSULA EICKERT**  
43 STREET ADDRESS **2450 HARBORSIDE DRIVE #241**  
44 CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ DELETE  
NAME **TD PENDER, MICHAEL R., JR.**  
STREET ADDRESS **1605 MAIN STREET #1100**  
CITY-STATE-ZIP **SARASOTA FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **VPD KAIGHN, LILLY B.**  
STREET ADDRESS **1323 TANGIER WAY**  
CITY-STATE-ZIP **SARASOTA FL**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL R. PENDER, JR., TREASURER**

**2-10-96**

**941-366-2983**

Date

Daytime Phone #

CR2E037 (12/95)