

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 # 705654 (2)

1. Corporation Name

RINGLING SCHOOL OF ART AND DESIGN, INC.



Principal Place of Business

2700 N. TAMiami TrL.
SARASOTA FL 34234

Mailing Address

2700 N. TAMiami TrL.
SARASOTA FL 34234

3. Date Incorporated or Qualified
05/12/1933

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0637903

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

26

30

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

KIMBROUGH, ROBERT
1530 CROSS ST.
SARASOTA FL 33577-3715

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34236

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	PT	<input type="checkbox"/> DELETE
NAME	CHRIST-JANER, ARLAND	
STREET ADDRESS	4372 CAMINO MADERA	
CITY - ST - ZIP	SARASOTA FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	KIRTLLEY, WILLIAM T.	
STREET ADDRESS	702 SARASOTA QUAY	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SMITH, ERNEST	
STREET ADDRESS	1662 SOUTH DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMBROUGH, ROBERT A.	
STREET ADDRESS	1715 SOUTH DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FERGUSON, ARTHUR	
STREET ADDRESS	5215 HIDDEN HARBOR RD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROBBINS, MARK D.	
STREET ADDRESS	561 HARBOR POINT RD	
CITY - ST - ZIP	LONGBOAT KEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2014 Fourth Street
2.4 CITY - ST - ZIP	Sarasota, FL 34237
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (12/95)