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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
SARASOTA FL 34243
US**

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



3. Date Incorporated or Qualified
04/12/1978

3a. Date of Last Report
01/30/1996

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

2. Principal Place of Business

2a. Mailing Address

21 5401 Bay Shore Road
Suite, Apt. #, etc.

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

22
City & State

27
City & State

23 Sarasota, FL

28 Sarasota, FL

24 34243

Country

29 34243

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBTZ, 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. I 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)

2/13/97.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BLALOCK, ROBERT G	
STREET ADDRESS	PO BOX 469	N/A
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BARNETT, JAMES S	
STREET ADDRESS	1201 8TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7416 - 20th Avenue N.W.
2.4 CITY-ST-ZIP	Bradenton, FL

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOOKE, HOMER	
STREET ADDRESS	2311 NEVADA AVE	
CITY-ST-ZIP	LAKELAND FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/VC
3.3 STREET ADDRESS	Christine Jennings
3.4 CITY-ST-ZIP	2 N. Tamiami Trail, Suite 100

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HUSSEY, ELIZABETH H	
STREET ADDRESS	1200 AUDUBON AVE	
CITY-ST-ZIP	ORLANDO FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/S
4.3 STREET ADDRESS	Amy S. Ostrau
4.4 CITY-ST-ZIP	312 Northwest 97th Avenue

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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.

CR2E037 (9/96)