FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 10 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705654 (2)

1. Corporation Name

RINGLING SCHOOL OF ART AND DESIGN, INC.

Principal Place of Business	Mailing Address
2700 N. TAMIAMI TRL. SARASOTA FL 34234	2700 N. TAMIAMI TRL. SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1933
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0637903 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	CHRIST-JANER,ARLAND	1.2 NAME	
STREET ADDRESS	4372 CAMINO MADERA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	C/Tr ☒ Change ☐ Addition
NAME	BARLASS, JACK	2.2 NAME	William T. Kirtley
STREET ADDRESS	1111 N GULF STREAM	2.3 STREET ADDRESS	702 Sarasota Quay
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Florida 34236
TITLE	S	3.1 TITLE	Tr ☒ Change ☐ Addition
NAME	SMITH, ERNEST	3.2 NAME	
STREET ADDRESS	1662 SOUTH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KIMBROUGH, ROBERT A.	4.2 NAME	
STREET ADDRESS	1715 SOUTH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, ARTHUR	5.2 NAME	
STREET ADDRESS	5215 HIDDEN HARBOR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	S/Tr ☒ Change ☐ Addition
NAME	PRITCHARD, WILLIAM	6.2 NAME	Mark D. Robbins
STREET ADDRESS	770 S. PALM AVE.	6.3 STREET ADDRESS	561 Harbor Point Road
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Longboat Key, Florida 34228

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)(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.

SIGNATURE: Arland F. Christ-Janer 3/6/95 351-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600381