

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705654** (2)  
1. Corporation Name  
**RINGLING SCHOOL OF ART AND DESIGN, INC.**



Principal Place of Business <b>2700 N. TAMiami TrL. SARASOTA FL 34234</b>	Mailing Address <b>2700 N. TAMiami TrL. SARASOTA FL 34234-5812</b>
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3. Date Incorporated or Qualified <b>05/12/1933</b>	3a. Date of Last Report <b>02/20/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-0637903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PT, TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRIST-JANER, ARLAND</b>	1.2 NAME	<b>Thomas E. Linehan (Dr.)</b>
STREET ADDRESS	<b>4372 CAMINO MADERA</b>	1.3 STREET ADDRESS	<b>2700 N. Tamiami Trail</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, Florida 34234</b>
TITLE	<b>CT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRTLEY, WILLIAM T.</b>	2.2 NAME	
STREET ADDRESS	<b>2014 FOURTH STREET</b>	2.3 STREET ADDRESS	<b>2940 S. Tamiami Trail</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34239</b>
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ERNEST</b>	3.2 NAME	
STREET ADDRESS	<b>1662 SOUTH DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMBROUGH, ROBERT A.</b>	4.2 NAME	
STREET ADDRESS	<b>1715 SOUTH DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, ARTHUR</b>	5.2 NAME	
STREET ADDRESS	<b>5215 HIDDEN HARBOR RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, MARK D.</b>	6.2 NAME	
STREET ADDRESS	<b>561 HARBOR POINT RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	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)(f), 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: Thomas E. Linehan **Feb 19, 1997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063128

CR2E037 (9/96)