FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

705654

(2)

RINGLING SCHOOL OF ART AND DESIGN, INC.

			· 	····		
Principal Place of Business		Mailing Address	Mailing Address			
2700 N. TAMIAMI TRL. SARASOTA FL 34234		2700 N. TAMIAMI TRL. SARASOTA FL 34234-5812	•	•		
					3. Date Incorporated or Qualified 05/12/1933	3a. Date of Last Report 02/20/1996
Principal P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-0637903	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	•	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	glatered Agent
KIMBO	NICH BORERT		81	Name		
KIMBROUGH, ROBERT 1530 CROSS ST.		82	Street Ad	dress (P.O. Box Number is Not Acceptate	D(e)	
SAHAS	OTA FL 33577-3715		84	City		85 Zip Code
				1 1		FL
11. Pursuant office or ragent. La	to the provisions of Sections 617.09 registered agent, or both, in the Sta im familiar with, and accept the of the	502 and 617.1508, Florida Statut tle of Florida. Such change was a gations of Section 617.0503, Fk	es, the above authorized by orida Statute	e-named co y the corpor s.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title il applicable. (NOTI	E: Registered Age	ent signature req	juired when reinstating)	DATE
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
THLE	PT	DELETE	1.1 TITLE		PT, TR	Change Addition
NAME	CHRIST-JANER, ARLAND		1.2 NAME	ŀ	Thomas E. Linehan	
STREET ADDRESS	4372 CAMINO MADERA			ADDRESS	2700 N. Tamiami T	rail
CITY-ST-ZIP	SARASOTA FL	DELETE	1.4 CITY - S	ST-ZIP	Sarasota, Florida	34234 Addition
NAME	CT Kirtley, William T.		2.1 TITLE 2.2 NAME	\ 		TSE custide TTI vitation i
STREET ADDRESS	2014 FOURTH STREET		2.3 STREET	ADDRESS	2940 S. Tamiami T	rail
CITY - ST - ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP	Sarasota, FL 3423	
TITLE	TR	DELETE	3.1 TITLE		D	Change Addition
NAME	SMITH, ERNEST		3.2 NAME			
STREET ADDRESS	1662 SOUTH DRIVE		a a crocc.			
City-SI-ZIP	CADACOTA EL			ADORESS		
TITLE	SARASOTA FL	I DELETTE	3.4. CITY-			Change Addition
NAME	D	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition
NAME STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP		Change Addition
NAME	D KIMBROUGH, ROBERT A.	☐ DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP		Change Addition
NAME STREET ADDRESS	D KIMBROUGH, ROBERT A. 1715 SOUTH DRIVE SARASOTA FL C	☐ DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREET	ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	D KIMBROUGH, ROBERT A. 1715 SOUTH DRIVE SARASOTA FL C FERGUSON, ARTHUR	☐ DELETE	3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ST-ZIP I ADDRESS ST-ZIP		
NAME STREET ADDRESS CITY-S1-ZiP TITLE	D KIMBROUGH, ROBERT A. 1715 SOUTH DRIVE SARASOTA FL C FERGUSON, ARTHUR 5215 HIDDEN HARBOR RD	☐ DELETE	3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP I ADDRESS ST-ZIP		
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	D KIMBROUGH, ROBERT A. 1715 SOUTH DRIVE SARASOTA FL C FERGUSON, ARTHUR	☐ DELETE	3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP I ADDRESS 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ROBBINS, MARK D.

LONGBOAT KEY FL

561 HARBOR POINT RD

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 1997 Dale Delime Prone # 0083128

FILED

Feb 27 1997 8:00am

Secretary of State