


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</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. TAMAMI TRL. SARASOTA FL 34234</b>	Mailing Address <b>2700 N. TAMAMI TRL. SARASOTA FL 34234</b>
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3. Date Incorporated or Qualified <b>05/12/1933</b>	
4. FEI Number <b>59-0637903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTR</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS E. LINEHAN</b>	
STREET ADDRESS	<b>2700 N. TAMAMI TRAIL</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>KIRTLEY, WILLIAM T.</b>	
STREET ADDRESS	<b>2940 S. TAMAMI TRAIL</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ERNEST</b>	
STREET ADDRESS	<b>1662 SOUTH DRIVE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMBROUGH, ROBERT A.</b>	
STREET ADDRESS	<b>1715 SOUTH DRIVE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, ARTHUR</b>	
STREET ADDRESS	<b>5215 HIDDEN HARBOR RD.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBBINS, MARK D.</b>	
STREET ADDRESS	<b>561 HARBOR POINT RD</b>	
CITY - ST - ZIP	<b>LONGBOAT KEY FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>P.O. Box 15945 N/A</b>	
3.4 CITY - ST - ZIP	<b>Sarasota, FL 34236</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>1530 Cross Street</b>	
4.4 CITY - ST - ZIP	<b>Sarasota, FL 34236</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Elaine Keating</b>	
5.3 STREET ADDRESS	<b>4134 Gulf of Mexico Dr. Suite 10</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Longboat Key, F1 34228</b>	
6.3 STREET ADDRESS	<b>Dr. Stephen J. Korcheck</b>	
6.4 CITY - ST - ZIP	<b>6424 Fox Hunt Lane, Bradenton, FL 34202</b>	

**14.** I 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.

SIGNATURE: *Thomas E Linehan* 1/18/98 941/359-7601

CR2E037 (10/97)