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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705654

1. Corporation Name

RINGLING SCHOOL OF ART AND DESIGN, INC.

Principal Place of Business

2700 N. TAMiami TrL.
SARASOTA FL 34234

Mailing Address

2700 N. TAMiami TrL.
SARASOTA FL 34234



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1933	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0637903	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS E. LINEHAN	1.2 NAME	Dr. Arland F. Christ-Janer
STREET ADDRESS	2700 N. TAMiami TRAIL	1.3 STREET ADDRESS	2700 N. Tamiami Trail
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRTLEY, WILLIAM T.	2.2 NAME	
STREET ADDRESS	2940 S. TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	34239
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ERNEST	3.2 NAME	
STREET ADDRESS	P.O. BOX 15945 N/A	3.3 STREET ADDRESS	2494 Dick Wilson Drive
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, ROBERT A.	4.2 NAME	
STREET ADDRESS	1530 CROSS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Vice Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, ELAINE	5.2 NAME	
STREET ADDRESS	4134 GULF OF MEXICO DR, STE 10	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORCHECK, STEPHEN J DR	6.2 NAME	
STREET ADDRESS	6424 FOX HUNT LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Robert Kimbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

(941) 351-5100

CR2E037-11/98