

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705654

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: RINGLING COLLEGE OF ART & DESIGN, INC.

**Current Principal Place of Business:**

2700 N. TAMIAMI TRL.  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

2700 N. TAMIAMI TRL.  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 59-0637903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KIMBROUGH, ROBERT  
1530 CROSS ST.  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: THOMPSON, LARRY R DR  
Address: 2700 N. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34234

Title: CT      ( ) Delete  
Name: MARTIN, MICHAEL T  
Address: 131 EAST 69TH STREET  
City-St-Zip: NEW YORK, NY 10021

Title: T      ( ) Delete  
Name: STEIN, STEVEN B  
Address: 2095 BLAIRMONT DRIVE  
City-St-Zip: PITTSBURGH, PA 15241

Title: AST      ( ) Delete  
Name: KIMBROUGH, ROBERT A.,  
Address: 1530 CROSS ST.  
City-St-Zip: SARASOTA, FL 34236

Title: VCT      ( ) Delete  
Name: JENNINGS, EDWARD H DR  
Address: 1007 RIVIERA DUNES WAY  
City-St-Zip: PALMETTO, FL 34221

Title: ST      ( ) Delete  
Name: STULBERG, LOIS  
Address: 655 LONGBOAT CLUB ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY THOMPSON

DR.

01/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date