2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 708939

1. Entity Name
MEMBERS COUNCIL OF THE JOHN AND MABLE RINGLING MUSEUM OF ART, INC.

FILED
Mar 09, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
% MEMBERSHIP DEPT. 5401 BAYSHORE RD. SARASOTA, FL 34243	% MEMBERSHIP DEPT. 5401 BAYSHORE RD. SARASOTA, FL 34243

03042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1215555
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, SYLVIA
5801 BAYSHORE RD
SARASOTA, FL 34243

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ARCH, MARTIN
STREET ADDRESS	1233 GULFSTREAM #704
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PD
NAME	KNIGHT, SYLVIA
STREET ADDRESS	5801 BAYSHORE RD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	SD
NAME	MATHEWS, ROBERT W
STREET ADDRESS	660 GOLDEN GATE PTE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	KESSLER, MARION
STREET ADDRESS	700 JOHN RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD
NAME	ROBERTS, PEG
STREET ADDRESS	1600 WEWA DR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	2VPD
NAME	LETELLIER, JAMES
STREET ADDRESS	1438 LANDINGS CIR
CITY-ST-ZIP	SARASOTA, FL 34243

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03/09/05-80025-010 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy R Cook Nancy R Cook, Treas 3-7-05 941-388 1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #