

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90023 049 ****70.00

DOCUMENT # 708939

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



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

Mailing Address
**% MEMBERSHIP DEPT.
5401 BAYSHORE RD.
SARASOTA, FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-NP

CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name
RICHARD R. MOTTINO
Street Address (P.O. Box Number is Not Acceptable)
6470 MOURNING DOVE DRIVE
403
City
BRADENTON FL Zip Code
34210

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

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD R. MOTTINO

3/17/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRASEL, DONNA	
STREET ADDRESS	526 HABITAT BLVD.	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	P/D MOTTINO, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6470 MOURNING DOVE DR., # 403	
STREET ADDRESS	BRADENTON FL 34210	
CITY-ST-ZIP		
TITLE	V/D TOPP, JERI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	431 S. WASHINGTON DR.	
STREET ADDRESS	SARASOTA FL 34236	
CITY-ST-ZIP		
TITLE	S/D SWEENEY, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4326 WOODMANS CT.	
STREET ADDRESS	SARASOTA FL 34235	
CITY-ST-ZIP		
TITLE	T/D KESSLER, MARIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 JOHN RINGLING BLVD., W-211	
STREET ADDRESS	SARASOTA FL 34236	
CITY-ST-ZIP		
TITLE	D COOK, NANCY R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	700 JOHN RINGLING BLVD., E-106	
STREET ADDRESS	SARASOTA FL 34236	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Marian S. Kessler

MARIAN S. KESSLER

3/17/06

941/361-7270

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #