

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 017 ****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

DO NOT WRITE IN THIS SPACE

40021110



02162007 No Chg-NP

CR2E037 (4/06)

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

MOTTINO, RICHARD R
6470 MOURNING DOVE DR
BRADENTON, FL 34210

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRASEL, DONNA 526 HABITAT BLVD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTTINO, RICHARD 6470 MOURNING DOVE DR, # 403 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOPP, JERI 431 S WASHINGTON DR SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, MARION 700 JOHN RINGLING BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KESSLER, MARIAN 700 JOHN RINGLING BLVD, W-211 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, NANCY R 700 JOHN RINGLING BLVD, E-106 SARASOTA, FL 34236

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07
Date

941/361-7270
Daytime Phone #