

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21790 (3)
1. Corporation Name
CITIZENS CONCERNED FOR THE RINGLING MUSEUMS, INC



Principal Place of Business
**P.O. 2477
SARASOTA FL 34230**

Mailing Address
**P.O. 2477
SARASOTA FL 34230**

3. Date Incorporated or Qualified
07/30/1987

3a. Date of Last Report
03/24/1995

4. FEI Number
NOT APPLICABLE

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BRANDNER, BARNET
3711 ALMERIA AVE.-N
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name
BERRY BLANCHE E

82 Street Address (P.O. Box Number is Not Acceptable)
9393 MIDNIGHT PASS RD #605

83

84 City
SARASOTA

85 Zip Code
FL 34242

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 **BERRY BLANCHE E** *Blanche E Berry* **3/18/96**

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DINWIDDIE, JAMES	
STREET ADDRESS	4462 COCO RIDGE CIR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRANDNER, BARNET	
STREET ADDRESS	3711 ALMERIA AVE.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, MYRTLE	
STREET ADDRESS	5902 LORDS AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ALVA	
STREET ADDRESS	3051-53RD ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HABORAK, GEORGE J.	
STREET ADDRESS	1308 PAMELO AVE.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COONEY, JOHN D.	
STREET ADDRESS	729 INDIAN BEACH CIR.	
CITY-ST-ZIP	SARASOTA FL 34234	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDNA ROSENBAUM	
1.3 STREET ADDRESS	730 S. OSPREY AVE	
1.4 CITY-ST-ZIP	SARASOTA FL 34236	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLANCHE E BERRY	
2.3 STREET ADDRESS	9393 MIDNIGHT PASS RD #605	
2.4 CITY-ST-ZIP	SARASOTA FL 34242	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PAUL SAUVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR	
4.3 STREET ADDRESS	PO BOX 25517	
4.4 CITY-ST-ZIP	SARASOTA FL 34277-2517	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Blanche E Berry* **BLANCHE E BERRY** **3/18/96** **(911) 344-4772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)