


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 34230-2477		
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		3. Date Incorporated or Qualified 07/30/1987	
				3a. Date of Last Report 03/26/1996	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BERRY, BLANCHE E. 9393 MIDNIGHT PASS ROAD #605 SARASOTA FL 34242			10. Name and Address of New Registered Agent 81 Name PAUL SAUVE 82 Street Address (P.O. Box Number is Not Acceptable) 4444 Camino Real 83 84 City Sarasota FL 85 Zip Code 34231		
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 PAUL R. SAUVE <i>Paul R. Sauve</i> 29 MAY 1997 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME ROSENBAUM, EDNA STREET ADDRESS 730 S OSPREY AVE CITY-ST-ZIP SARASOTA FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME BERRY, BLANCHE E. STREET ADDRESS 9393 MIDNIGHT PASS ROAD #605 CITY-ST-ZIP SARASOTA FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D, T LANE, MYRTLE STREET ADDRESS 5902 LORDS AVE. CITY-ST-ZIP SARASOTA FL 34231			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SAUVE, PAUL STREET ADDRESS PO BOX 25517 CITY-ST-ZIP SARASOTA FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME HABORAK, GEORGE J. STREET ADDRESS 1308 PAMELO AVE. CITY-ST-ZIP SARASOTA FL 34239			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME S GROTEFENT, DOROTHY 5.3 STREET ADDRESS 2812 Randa Blvd. 5.4 CITY-ST-ZIP Sarasota, FL 34235		
TITLE <input checked="" type="checkbox"/> DELETE NAME COONEY, JOHN D. STREET ADDRESS 729 INDIAN BEACH CIR. CITY-ST-ZIP SARASOTA FL 34234			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME JOHNSON, ALVA 6.3 STREET ADDRESS 3051 53rd St. 6.4 CITY-ST-ZIP Sarasota, FL 34235		



CR2E037 (9/96)

14. I do 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 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.