

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 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 # **N48804** (1)

1. Corporation Name

JOHN RINGLING CENTRE FOUNDATION, INC.

Principal Place of Business

**111 NORTH TAMiami TRAIL
SARASOTA FL 34236
US**

Mailing Address

**111 NORTH TAMiami TRAIL
SARASOTA FL 34236-5542
US**



3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
03/08/1996

4. FEI Number
65-0333760

Applied For
☐ 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 Country

24

25

Country

2a. Mailing Address

26 **P.O. Box 3935**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

25

Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

**MERRILL, WILLIAM W
2033 MAIN STREET
SUITE 600
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SMALLY, DONALD**
STREET ADDRESS **5216 LINDINGS BLVD.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TR** ☐ DELETE
NAME **NICHOLAS, JOHN**
STREET ADDRESS **6349 RAVENWOOD WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **DEAN, JIMMY**
STREET ADDRESS **601 S. OSPREY AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **BERMAN, JAY**
STREET ADDRESS **1912 TULIP DR.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ DELETE
NAME **BOGUSZ, TED**
STREET ADDRESS **2196 PRINCETON ST.**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)