

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90036 001 *****8.75
08-26-2003 90036 002 *****61.25

55055059

DOCUMENT # **N99000004874**

1. Entity Name
**FLORIDA STATE COMMITTEE OF THE NATIONAL
MUSEUM OF WOMEN IN THE ARTS**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7318 West Capps, Monticello
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 15194
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Monticello, FL
Zip
32344
Country
Leon

City & State
Tallahassee, FL
Zip
32312-5194
Country
Leon

4. FEI Number
59-3680162
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Anne G. Schieffer
Street Address (P.O. Box Number is Not Acceptable)
7318 West Capps
City
Monticello **FL** Zip Code
32344

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	President Anne G. Schieffer 7318 West Capps Road Monticello, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President Beverly White 3082 Shamrock North Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Jean von Molnar 3155 Ferns Glen Drive Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan West 2808 Rabbit Hills Road Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sandra H. Sole 6405 Jamaica Ct. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra H. Sole - Sandra H. Sole**

8-25-03 850-893-7419

CR2E037B (12/02)