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

# DOCUMENT # N9900004874 1. Entity Name FIORIDA STATE COMMITTHE OF the NATIONAL MUSEUM OF WOMEN INTHE ARTS

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

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

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2. Principal Place of Business
7318 West Capps, Montree PD Box 15/94
Suite, Apt. #, etc.

3. Mailing Address
PD Box 15/94
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent						
Name Anne G. Sci	~ (Teffer)					
Street Address (P.O. Box Number is Not Accept						
<b>,</b> , , ,		_				
City Montice 110	FL 3	Zip Code 3-2-3 <i>44</i>				

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

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

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

3R2E037B (12/02)

OFFICERS AND DIRECTORS TITLE President THLE Schieffer Anne G. NAME NAME west capps Road STREET ADDRESS STREET ADDRESS Monticello, PL 32344 CITY-ST-ZIP CITY-ST-ZIP TITI F 1st Vice President TITLE Beverly white NAME NAME 3082 Shamrock north STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP and Vice President TITLE TITLE ean von Molnar NAME NAME STREET ADDRESS 3155 Ferns Glen Prive STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP assee, FL 32309 TITLE IN THIS SPACE NAME NAME Rabbit Hills Road STREET ADDRESS STREET ADDRESS CITY-ST-7IP Tallahassee, FL 32308 CITY-ST-ZIP TITLE TITLE reagurer Sandre H. Sole NAME NAME STREET ADDRESS STREET ADDRESS Jamaica Ct. CITY-ST-ZIP CITY-ST-ZIP ~ assec, FF 32309 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP

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

8-25-0

850-893-7419