

FILE NOW; FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. McMath
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45355 (7)

1. Corporation Name

MUSEUM OF ART/ TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

345 S MAGNOLIA DR #F-21
TALLAHASSEE FL 32301
US345 S MAGNOLIA DR #F-21
TALLAHASSEE FL 32301-2953
US3. Date Incorporated or Qualified
09/27/19913a. Date of Last Report
03/25/19964. FEI Number
65-0068784Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 345 S Magnolia Drive

26 345 S Magnolia Drive

Suite, Apt. #, etc.
Suite B12Suite, Apt. #, etc.
Suite B12

22 City & State

27 City & State

23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, PATRICIA H
701 SHELL STREET
TALLAHASSEE FL 32303

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARBER, GLEN	
STREET ADDRESS	3137 MIDDLEBROOKS CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ANTISTA, ROBERT	
STREET ADDRESS	5333 ST IVES LANE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KESSLER, MITZI	
STREET ADDRESS	512 SUMMER BROOKE DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, PATRICK	
STREET ADDRESS	2858 GREEN FOREST LANE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROSALIE	
STREET ADDRESS	1641 SPRINGWOOD	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schrieffer, Anna	
1.3 STREET ADDRESS	Route 3, Box 205	
1.4 CITY - ST - ZIP	Monticello, FL 32344	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Millett, Emily	
2.3 STREET ADDRESS	1104 Ivanhoe Road	
2.4 CITY - ST - ZIP	Tallahassee, FL 32312	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Turner, M. Stephen	
3.3 STREET ADDRESS	215 S. Monroe Street, Suite 400	
3.4 CITY - ST - ZIP	Tallahassee, FL 32301	
4.1 TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	West, Joan	
4.3 STREET ADDRESS	2808 Rabbit Hill Road	
4.4 CITY - ST - ZIP	Tallahassee, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Anne Schrieffer 2/3/97 907-4152

Date

Daytime Phone # 0007422

CR2E037 (9/96)