


FILE NOW: FILING FEE IS \$61.25

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**May 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45355 (7)
1. Corporation Name
MUSEUM OF ART/ TALLAHASSEE, INC.



Principal Place of Business		Mailing Address	
345 S. MAGNOLIA DR. STE B12 TALLAHASSEE FL 32301 US		345 S. MAGNOLIA DR. STE B12 TALLAHASSEE FL 32301 US	
2. Principal Place of Business	2a. Mailing Address		
21	26	345 S. Magnolia Dr.	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	
22	27	City & State	
City & State		City & State	
23	28	City & State	
Zip		Zip	
24	25	29	30
Country		Country	

3. Date Incorporated or Qualified	09/27/1991	
4. FEI Number	65-0068784	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEPHENS, PATRICIA H
701 SHELL STREET
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name	Anna Schrieffer	
82 Street Address (P.O. Box Number is Not Acceptable)	Route 3, Box 205	
83 City	Monticello, FL	32344
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: *Anna Schrieffer* President of the Board 4-20-98
DATE: 4-20-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHRIEFFER, ANNA	
STREET ADDRESS	RT. 3, BOX 205	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLET, EMILY	
STREET ADDRESS	1104 UVABGIE RD,	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER M. STEPHEN	
STREET ADDRESS	215 S. MONROE ST., STE 400	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	WEST, JOAN	
STREET ADDRESS	2808 RABBIT HILL RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD Patrick Dennis
2.3 STREET ADDRESS	2858 Green Forest Lane
2.4 CITY-ST-ZIP	Tallahassee, FL 32312
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD James Pafford, Jr.
3.3 STREET ADDRESS	2858 Green Forest Lane
3.4 CITY-ST-ZIP	Tallahassee, FL 32312
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Anna Schrieffer* 4-20-98

CFR2037 (10/97)