


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004874</b>	
1. Entity Name <b>FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC.</b>	

Principal Place of Business <b>7318 WEST CAPPS MONTICELLO, FL 32344</b>	Mailing Address <b>P.O. BOX 15194 TALLAHASSEE, FL 32317-5194</b>
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01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3680162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHRIEFFER, ANNA 7318 WEST CAPPS MONTICELLO, FL 32344</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 true if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHRIEFFER, ANNA 7315 WEST CAPPS ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WHITE, BEVERLY 3082 SHAMROCK NORTH TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP VON MOLNAR, JEAN 3155 FERNS GLEN DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, JOAN 2808 RABBIT HILLS ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLE, SANDRA H 8405 JAMAICA CT. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80093-007 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sandra H. Sole* **Sandra H. Sole, Treasurer** **1-18-04** **893-7419**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #