2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

→ ¥.

SIGNATURE:

DOCUMENT # N99000004874



FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90146 001 ****61.25

FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC.						03	-29-2006 9	0146 00	2 ****61.	25	
7318 WEST CAPPS P.O.			illing Address O. BOX 15194 ALLAHASSEE, FL 32317-5194			1 ABBANDA DID JOHA	ANII ASIM ARIH ARIYA		RI 1812 JAKA 840	1221 SI (1231	
2. Principal Place of Business 3. Ma		3. Mailin	failing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			03242006 Ch	ıg-NP	CR2E03	7 (11/05)		
City & State		City	City & State			4. FEI Number 59-368016	2			plied For t Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired \$8. Fee				itional	
	6. Name and Address of Current	Registered	Agent			7. Name and Add	ress of New Re	gistered A	\gent		
SCHRIEFFER, ANNA				Name	Name						
7318 WEST CAPPS MONTICELLO, FL 32344				Street A	Address (P	P.O. Box Number is N	lot Acceptable)		·		
				City		v		FL	Zip Code)	
O The charac							the Clote of Flor		iomiliae with	and assess	
	named entity submits this statement for ions of registered agent.	or the purpos	se of changing its re	gistered office o	or registere	ed agent, or both, in	ille state of Flor	noa. rann	aminar willi,	and accept	
SIGNATURE .	Stgnature, typed or printed name of registered agent	and title if applic	able. (NOTE: R	legistered Agent signa	ature required v	when reinstating)		DATE			
.*	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees			payable to tment of St		
10.	OFFICERS AND DI	RECTORS		11.	A	DDITIONS/CHANGE	S TO OFFICER	RS AND DIF			
TITLE	P SCHDIEFFED ANNIA		Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	SCHRIEFFER, ANNA 7315 WEST CAPPS ROAD			NAME STREET ADDRESS						ļ	
CITY-ST-ZIP	MONTICELLO, FL 32344		:	CITY-ST-ZIP							
TITLE	1VP		Delete	TITLE	N'Y	disman,	milla	1	☐ Change	☐ Addition	
NAME	WINDE BEVERLY			NAME	/ 23	115man	V DI L	مر سان			
STREET ADDRESS	3082 SHAMROCK NORTH TALLAHASSEE, FL 32309			STREET ADDRESS City-St-Zip	/ (3	ss wire or	K Liberter.	ET(0w			
	2VP		Пол.		1-	(lahaggee,	FL 3231	2	Change.	Addition	
TITLE NAME	VON MOLNAR, JEAN		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			STREET ADDRESS	1	1					
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP							
TITLE	§ /		Delete	TITLE	S	٠			Change	☐ Addition	
NAME	WEST JOAN			NAME	Bev	112 - 466861	Charle	ne			
STREET ADDRESS CITY-ST-ZIP	2808 RABBIT FILLS ROAD TALLAHASSEE, FL 32308			STREET ADDRESS CITY-ST-ZiP	100	115-Reege, Box 16000 shasper, 3					
TITLE	T	· .	☐ Delete	TITLE	Calle	ahassee 3	2310-60	10.3	☐ Change	Addition	
NAMÉ	SOLE, SANDRA H		L Delete	NAME					onlinge		
STREET ADDRESS	6405 JAMAICA CT.			STREET ADDRESS							
				CITY-ST-ZIP							
CITY-ST-ZIP	TALLAHASSEE, FL 32309										
TITLE	TALLAHASSEE, FL 32309		☐ Delete	TITLE					Change	☐ Addition	
TITLE NAME	TALLAHASSEE, FL 32309		☐ Delete	NAME					Change	☐ Addition	
TITLE	TALLAHASSEE, FL 32309		☐ Delete	8					Change	☐ Addition	

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SIGNATURE: _

ATTACHMENT DOCUMENT # N99000004874 1. Entity Name 66007494 FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC. Principal Place of Business Mailing Address 7318 WEST CAPPS P.O. BOX 15194 MONTICELLO, FL 32344 TALLAHASSEE, FL 32317-5194 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Numbe Applied For 59-3680162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRIEFFER, ANNA 7318 WEST CAPPS Street Address (P.O. Box Number is Not Acceptable) MONTICELLO, FL 32344 City Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHRIEFFER, ANNA NAME NAME 7315 WEST CAPPS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP 1VP TITLE ☐ Defete TITLE ☐ Change ☐ Addition WHITE, BEVERLY NAME NAME 3082 SHAMROCK NORTH STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP 2VP TITLE Delete TITLE ☐ Change Addition VON MOLNAR, JEAN NAME STREET ADDRESS 3155 FERNS GLEN DRIVE STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 32309 CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ☐ Addition WEST, JOAN NAME NAME STREET ADDRESS 2808 RABBIT HILLS ROAD STREET ADDRESS CITY-ST-789 TALLAHASSEE, FL 32308 CITY-ST-ZIP TIDE ☐ Delete TITLE Change Addition NAME SOLE, SANDRA H NAME STREET ADDRESS 6405 JAMAICA CT. STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 32309 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

3/24/06