
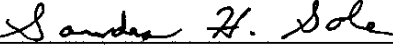



FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90146 002 ****61.25

DOCUMENT # N99000004874						03-29-2006 90146 001 ****61.25 03-29-2006 90146 002 ****61.25	
1. Entity Name FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC.							
Principal Place of Business 7318 WEST CAPPS MONTICELLO, FL 32344				Mailing Address P.O. BOX 15194 TALLAHASSEE, FL 32317-5194			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SCHRIEFFER, ANNA 7318 WEST CAPPS MONTICELLO, FL 32344				7. Name and Address of New Registered Agent			
				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRIEFFER, ANNA			NAME			
STREET ADDRESS	7315 WEST CAPPS ROAD			STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO, FL 32344			CITY-ST-ZIP			
TITLE	1VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, BEVERLY			NAME	D'Adisman, Mildred		
STREET ADDRESS	3082 SHAMROCK NORTH			STREET ADDRESS	1235 Live Oak Plantation		
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	2VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VON MOLNAR, JEAN			NAME			
STREET ADDRESS	3155 FERNS GLEN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEST, JOAN			NAME	Bevis-Reese, Charlene		
STREET ADDRESS	2808 RABBIT HILLS ROAD			STREET ADDRESS	PO Box 16002		
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	Tallahassee, 32310-6002		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLE, SANDRA H			NAME			
STREET ADDRESS	6405 JAMAICA CT.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.							
SIGNATURE: 				March 24, 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT
66007494

DOCUMENT # N99000004874 1. Entity Name FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC.					
Principal Place of Business 7318 WEST CAPPS MONTICELLO, FL 32344			Mailing Address P.O. BOX 15194 TALLAHASSEE, FL 32317-5194		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="background-color: black; width: 100px; height: 40px; margin: 0 auto;"></div> <p>03242006 Chg-NP CR2E037 (11/05)</p>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-3680162				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRIEFFER, ANNA 7318 WEST CAPPS MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHRIEFFER, ANNA 7315 WEST CAPPS ROAD MONTICELLO, FL 32344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WHITE, BEVERLY 3082 SHAMROCK NORTH TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP VON MOLNAR, JEAN 3155 FERNS GLEN DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, JOAN 2808 RABBIT HILLS ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLE, SANDRA H 6405 JAMAICA CT. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Sandra H. Sole, Treasurer</u> <u>3/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					