


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004874</b>	
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
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3680162	Applied For 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
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 DADISMAN, MILDRED 1235 LIVE OAK PLANTATION TALLAHASSEE, FL 32312
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 BEVIS-REESE, CHARLENE PO BOX 16002 TALLAHASSEE, FL 323106002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLE, SANDRA H 6405 JAMAICA CT. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80038-011 61.25

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: <u>Sandra H. Sole</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>1-19-07</u> Daytime Phone #: <u>850/893-7419</u>
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