

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90020 025 \*\*\*\*61.25

**DOCUMENT # N99000004874**

1. Entity Name

FLORIDA STATE COMMITTEE OF THE NATIONAL  
MUSEUM OF WOMEN IN THE ARTS, INC.



Principal Place of Business

1410 MARKET STREET, C-6  
TALLAHASSEE FL 32312  
US

Mailing Address

P.O. BOX 15194  
TALLAHASSEE FL 32317-5194

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



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)

1330 Hidden Timbers Place

City

Tallahassee

FL

Zip Code

32312

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SCHRIEFFER, ANNA  
STREET ADDRESS 1330 HIDDEN TIMBERS PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE 1VP ☒ Delete  
NAME DADISMAN, MILDRED  
STREET ADDRESS 1235 LIVE OAK PLANTATION  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE 2VP ☐ Delete  
NAME VON MOLNAR, JEAN  
STREET ADDRESS 3155 FERNS GLEN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE S ☐ Delete  
NAME BEVIS-REESE, CHARLENE  
STREET ADDRESS 5301 GENTLE BREEZE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE T ☐ Delete  
NAME SOLE, SANDRA H  
STREET ADDRESS 4004 DUTCHESS COURT  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP ☒ Change ☒ Addition  
NAME Jessie Lovano-Kern  
STREET ADDRESS 3142 Ortega Dr  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sandra H. Sole, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Entity

County/Office #