

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004874

FILED
Feb 04, 2009
Secretary of State

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

Current Principal Place of Business:

1410 MARKET STREET, C-6
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

1410 MARKET STREET
C-6
TALLAHASSEE, FL 32312 US

Current Mailing Address:

P.O. BOX 15194
TALLAHASSEE, FL 323175194

New Mailing Address:

FEI Number: 59-3680162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHRIEFFER, ANNA
1330 HIDDEN TIMBERS PLACE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

SCHRIEFFER, ANNE G
1330 HIDDEN TIMBERS PLACE
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: ANNE G. SCHRIEFFER

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHRIEFFER, ANNA
Address: 1330 HIDDEN TIMBERS PLACE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: LOVANO-KERR, JESSIE
Address: 3142 ORTEGA DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: 2VP () Delete
Name: VON MOLNAR, JEAN
Address: 3155 FERNS GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: S () Delete
Name: BEVIS-REESE, CHARLENE
Address: 5301 GENTLE BREEZE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: T () Delete
Name: SOLE, SANDRA H
Address: 4004 DUTCHESS COURT
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHRIEFFER, ANNE
Address: 1330 HIDDEN TIMBERS PLACE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VON MOLNAR, JEAN
Address: 3155 FERNS GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA H. SOLE

T

02/04/2009

Electronic Signature of Signing Officer or Director

Date