

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000570

Entity Name: AFRICAN ARTIFACTS MUSEUM, INC.

Current Principal Place of Business:

5107 SMITH RYALS ROAD
PLANT CITY, FL 33567

Current Mailing Address:

PO BOX 3452
PLANT CITY, FL 33563-0008

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CX SYSTEMS INT'L, INC.
5107 SMITH RYALS ROAD
PLANT CITY, FL 33567 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BAILEY, CYNTHIA R
Address PO BOX 3452
City-State-Zip: PLANT CITY FL 33563-0008

Title SD, SECRETARY
Name SMITH, CYNTHIA C
Address PO BOX 3452
City-State-Zip: PLANT CITY FL 33563

Title TD
Name JOHNSTON, JOSEPH AJR.
Address PO BOX 3452
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR
Name ROBINSON, CHERYL A DR.
Address PO BOX 3452
City-State-Zip: PLANT CITY FL 33563-0008

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA R BAILEY

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date