

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002677

**Entity Name:** AMERICAN FOLK ART MUSEUM AND GALLERY, INC.

**Current Principal Place of Business:**

2415 NORTH MONROE STREET, SUITE 2094  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 7597  
TALLAHASSEE, FL 32314

**FEI Number:** 47-5541726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PROCTOR, TYRONE W  
2415 NORTH MONROE STREET, SUITE 2094  
TALLAHASSEE, FL 32303 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:** TYRONE W. PROCTOR

03/25/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PROCTOR, TYRONE W  
Address 2415 NORTH MONROE STREET,  
SUITE 2094  
City-State-Zip: TALLAHASSEE FL 32303

Title S  
Name PROCTOR, MARY L  
Address 2415 NORTH MONROE STREET,  
SUITE 2094  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name PROCTOR, CURTIS L  
Address P.O. BOX 7597  
City-State-Zip: TALLAHASSEE FL 32314

*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:** TYRONE PROCTOR

PRESIDENT

03/25/2017

Electronic Signature of Signing Officer/Director Detail

Date