

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005955

**Entity Name:** JAMES MUSEUM, INC.**Current Principal Place of Business:**150 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701**Current Mailing Address:**150 CENTRAL AVE  
ST. PETERSBURG, FL 33701 US**FEI Number:** 47-4364053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES, THOMAS A  
880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716 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	PD, DIRECTOR
Name	JAMES, THOMAS A
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

Title	VTD, DIRECTOR
Name	JAMES, COURTLAND W
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

Title	VD, DIRECTOR
Name	JAMES, HUNTINGTON A
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

Title	SECRETARY, VP, DIRECTOR
Name	JAMES, MARY
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

*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:** THOMAS A JAMES**PRESIDENT****01/09/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date