

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000377

**Entity Name:** ELLA L. JORDAN AFRICAN AMERICAN MUSEUM,  
INCORPORATED

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**4254576654CC**

**Current Principal Place of Business:**

423 NORTH C STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

PO BOX 2054  
PENSACOLA, FL 32503 US

**FEI Number: 86-1656357**

**Certificate of Status Desired: No**

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

GULLEY JR., WALTER  
423 NORTH C STREET  
PENSACOLA, FL 32501 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:** WALTER GULLEY JR.

**02/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GULLEY, WALTER JR  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            VP, DIRECTOR  
Name            PILCHER, JANET  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            SECRETARY, DIRECTOR  
Name            MULLET, DANIELLE  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            TREASURER, DIRECTOR  
Name            HAYES, EDWARD  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            KELLY, CATHERINE  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            KNIGHT, SADIE  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            ALLEN, ROBERT  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            OVERTON, ROBERT  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503

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*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:** DANIELLE MULLET

**DIRECTOR, SECRETARY    02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HOWARD, KEITH  
Address        PO BOX 2054  
City-State-Zip: PENSACOLA FL 32503