

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000005909

Entity Name: FLORIDA CIVIL RIGHTS MUSEUM, INC.**Current Principal Place of Business:**750 WAILES STREET
TALLAHASSEE, FL 32310**Current Mailing Address:**P.O. BOX 6197
TALLAHASSEE, FL 32314 UN**FEI Number: 88-2945413****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERKINS, JACQUELINE Y
750 WAILES STREET
TALLAHASSEE, FL 32310 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:** JACQUELINE PERKINS

08/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name THOMAS, CHALMUS
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE 32314

Title D
Name WASHINGTON, LAVERNE
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE 32314

Title D
Name MANNING, JOSEPH
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name JOHNSON, GAIL
Address PO BOX 6197
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name GAY, HELEN BRETHAUER
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE 32314

Title D
Name GANTT, LUCIUS
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE 32314

Title D
Name LAMPLEY, ZION
Address P.O. BOX 6197
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name CALHOUN, MAURICE
Address PO BOX 6197
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: CHALMUS THOMAS

CHAIR

08/16/2023

Electronic Signature of Signing Officer/Director Detail

Date