

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005909

**Entity Name:** FLORIDA CIVIL RIGHTS MUSEUM, INC.**Current Principal Place of Business:**1618 KEITH STREET  
TALLAHASSEE, FL 32310**Current Mailing Address:**P.O. BOX 6197  
TALLAHASSEE, FL 32314 UN**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLINGER, DELAITRE J  
1618 KEITH 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name PERKINS, JACQUELINE Y  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE 32314Title D  
Name HAWKINS, PRISCILLA  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name HUDSON, EDDIE L  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name SMITH, CHRISTOPHER L  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name HOLLINGER, DELAITRE  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32305

*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:** DELAITRE JORDAN HOLLINGER

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04/18/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date