

**2024 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: Yes****Name and Address of Current Registered Agent:**HOLLINGER, DELAIRE JORDAN  
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:** DELAIRE JORDAN HOLLINGER

01/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name THOMAS, CHALMUS  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE 32314Title D  
Name GAY, HELEN BRETHAUER  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE 32314Title D  
Name WASHINGTON, LAVERNE  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE 32314Title D  
Name GANTT, LUCIUS  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE 32314Title D  
Name MANNING, JOSEPH  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name LAMPLEY, ZION  
Address P.O. BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name JOHNSON, GAIL  
Address PO BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314Title D  
Name CALHOUN, MAURICE  
Address PO BOX 6197  
City-State-Zip: TALLAHASSEE FL 32314**Continues on page 2**

*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:** DELAIRE JORDAN HOLLINGER**CO-EXECUTIVE  
DIRECTOR**

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   OFFICER, CO-EXECUTIVE DIRECTOR  
Name                 PERKINS, JACQUELINE YVONNE  
Address             3437 BLUE JAY DR  
City-State-Zip:   TALLAHASSEE FL 32305

Title                   OFFICER, CO-EXECUTIVE DIRECTOR  
Name                 HOLLINGER, DELAITRE JORDAN  
Address             750 WAILES STREET  
City-State-Zip:   TALLAHASSEE FL 32310