2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002713

FILED Aug 19, 2005 Secretary of State

Entity Name: PINELLAS COUNTY AFRICAN AMERICAN HISTORY MUSEUM, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1101 MARSHALL STREET CLEARWATER, FL 33755 US **Current Mailing Address: New Mailing Address:** P O BOX 5785 CLEARWATER, FL 337585785 US FEI Number: 59-3706274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIGHTFOOT, RANDOLPH ROOKS, SANDRA W 2211 REPUBLIC DRIVE 15372 GEORGE BLVD. PALM HARBOR, FL 34683 US APT A CLEARWATER, FL 33760 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: SANDRA W ROOKS 08/19/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROOKS, SANDRA Name: Name: 15372 GEORGE BLVD Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: Title: () Delete Title: (X) Change () Addition LAVENDER, CARL Name: LIGHTFOOT, RANDOLPH Name: Address: 10265 GANDY BLVD APT 1510 Address: 2211 REPUBLIC DRIVE City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: D,VP (X) Change () Addition GODFREY, DEBORAH Name: GODFREY, DEBORAH Name: 3660 EAST BAY DRIVE APT. 1424 1826 VANCOUVER DRIVE Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: DT (X) Change () Addition JAMES, VERONICA Name: Name: MCKAHAND, EDWARD Address: 245 69TH STREET Address: 1465 FAIRMONT STREET City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33755 Title: () Delete Title: () Change () Addition KELLER, SHEILA Name: Name: 9923 INDIAN KEY TRAIL Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: (X) Change () Addition BALDWIN, KARALIA BEARD, KAREN Name: Name: Address: 2027 WIDGEN AVE Address: 1473 UNION STREET SAFETY HARBOR, FL 34695 CLEARWATER, FL 33755 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA W ROOKS ED 08/19/2005