

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002713

FILED
Dec 04, 2009
Secretary of State

Entity Name: PINELLAS COUNTY AFRICAN AMERICAN HISTORY MUSEUM, INCORPORATED

Current Principal Place of Business:

1101 MARSHALL STREET
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5785
CLEARWATER, FL 337585785 US

New Mailing Address:

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:

ROOKS, SANDRA W
15372 GEORGE BLVD.
APT A
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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 ROOKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: ROOKS, SANDRA
Address: 15372 GEORGE BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: D,P () Delete
Name: LIGHTFOOT, RANDOLPH
Address: 2211 REPUBLIC DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D,VP () Delete
Name: GODFREY, DEBORAH
Address: 1826 VANCOUVER DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: D,T () Delete
Name: MCKAHAND, EDWARD
Address: 1465 FAIRMONT STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: KELLER, SHEILA
Address: 9923 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: D,S () Delete
Name: BEARD, KAREN
Address: 1473 UNION STREET
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RANDOLPH LIGHTFOOT

DP

12/04/2009

Electronic Signature of Signing Officer or Director

Date