

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003718</b>	
1. Entity Name FLORIDA GREAT BLACKS IN WAX MUSEUM, INC.	
Principal Place of Business 220 EAST MADISON SUITE 310 TAMPA, FL 33602	Mailing Address 220 EAST MADISON SUITE 310 TAMPA, FL 33602



**DO NOT WRITE IN THIS SPACE**

07132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3726643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, ALTON  
201 E KENNEDY BLVD STE 1700  
TAMPA, FL 33602

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*July 13, 2005*  
DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000373522  
07/19/05-80002-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM LATSON, JOYCE 4411 LURLENE CIR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DH WRIGHT, SAMUEL 4242 E. FOWLER AVE., USF RAR 234 TAMPA, FL 33620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, ROBERT L 8509 WOODWICK CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OKOGBAA, GEOFFREY 4202 E FOWLER AVE, SVC 1087 TAMPA, FL 33620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM DANIEL, JOHN 9407 JOE EBERT SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECM HALL, RUTH A PO BOX 16302 TAMPA, FL 33607

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 13, 2005*  
DATE  
Daytime Phone #