

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000239

FILED
Feb 22, 2012
Secretary of State

Entity Name: DR. CARTER G. WOODSON AFRICAN AMERICAN MUSEUM, INC.

Current Principal Place of Business:

2240 9TH AVE SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2240 9TH AVE SOUTH
SAINT PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 74-3112739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, TERRI L
CITY COUNSEL 175 5TH ST N
SAINT PETERSBURG, FL 33701 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GADSDEN, SANDRA
Address: 2240 9TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D
Name: LOPEZ, ERIKA
Address: 2240 9TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VC/T
Name: MCCLOUD, THELMA
Address: 2240 9TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: C
Name: SCOTT, TERRI L
Address: CITY COUNCIL ST PETERSBURG-175 5TH ST N
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: HARVEY, HARRY
Address: ST PETERSBURG HOUSING AUTHORITY 943 26TH A
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D
Name: ARSENAULT, DR RAY
Address: 200 SNELL HOUSE, 140 7 AVE S UNIV. OF S FL
City-St-Zip: SAINT PETERSBURG, FL 33701

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: TERRI L SCOTT

C

02/22/2012

Electronic Signature of Signing Officer or Director

Date