


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N96000003668	
1. Entity Name THE NATIONAL AFRICAN-AMERICAN ARCHIVES AND MUSEUM, INC.	

Principal Place of Business 140 N. VOLUSIA ST. ST. AUGUSTINE, FL 32084	Mailing Address 140 N. VOLUSIA ST. ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3397757	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

**FLOYD, MOSES A
140 N. VOLUSIA ST.
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FLOYD, MOSES A 140 N. VOLUSIA ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, WILLIAM S 4980 NORTHWEST 16TH STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILLIE C 265 WEST KING ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, JOHN 169 M L KING ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOYD, MRS ANN 140 N. VOLUSIA ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, MEGAN 108 1ST ST. SAINT AUGUSTINE, FL 320806365

U00000848473
03/20/08-80018-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-08 (904) 823-2150

Date

Daytime Phone #