2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N96000003668

Entity Name: THE NATIONAL AFRICAN-AMERICAN ARCHIVES AND MUSEUM, INC.

Current Principal Place of Business:

140 N. VOLUSIA ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

140 N. VOLUSIA ST.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3397757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, MOSES A
140 N. VOLUSIA ST.
ST. AUGUSTINE, FL 32084 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:	CD	( ) Delete
Name:	FLOYD, MOSES A	
Address:	140 N. VOLUSIA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	SD	( ) Delete
Name:	ROSE, WILLIAM S	
Address:	4980 NORTHWEST 16TH STREET	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	D	( ) Delete
Name:	DAVIS, WILLIE C	
Address:	265 WEST KING ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	SINGLETON, JOHN	
Address:	169 M L KING ST	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	TD	( ) Delete
Name:	FLOYD, MRS ANN	
Address:	140 N. VOLUSIA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	WALL, MEGAN	
Address:	108 1ST ST.	
City-St-Zip:	SAINT AUGUSTINE, FL 320806365	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FLOYD, MOSES A III	
Address:	140 N. VOLUSIA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
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: ANN FLOYD TD 01/27/2009

Electronic Signature of Signing Officer or Director — Date