

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003668

FILED
Feb 11, 2011
Secretary of State

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
Name: FLOYD, MOSES A
Address: 140 N. VOLUSIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD
Name: FLOYD, ZANETA C
Address: 140 N. VOLUSIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: FLOYD, MOSES A III
Address: 140 N. VOLUSIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: SINGLETON, JOHN
Address: 169 M L KING ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD
Name: FLOYD, MRS ANN
Address: 140 N. VOLUSIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: WALL, MEGAN
Address: 108 1ST ST.
City-St-Zip: SAINT AUGUSTINE, FL 320806365

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: ANN FLOYD

TD

02/11/2011

Electronic Signature of Signing Officer or Director

Date