

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N98000003099
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1. Corporation Name

JOHN GILMORE RILEY CENTER/MUSEUM FOR AFRICAN AME **RICAN HISTORY & CULTURE INC.**

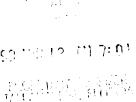
Principal Place of Business 419 E JEFFERSON ST TALLAHASSEE FL 32311

2. Principal Place of Business

Mailing Address

2a. Mailing Address

419 E JEFFERSON ST TALLAHASSEE FL 32311





3. Date Incorporated or Qualifed

21 419 1	E. Jefferson St	26 P.O. Box 426	1		06/01/1998				
Suite, Apl		Suite, Apt. #, etc.			4. FEI Number		Αρ	plied For	
22		27			59-3518113		No	t Applicable	
City & Sta	State City & State				5. Certificate of Status Desired	\$8.75 A			
	hassee, Fl	28 Tallahassee, Fl			5. Certificate of Status Desired Fee Required				
Zip	Country	Zip Country			6. Election Campaign Financing \$5.00 May Be				
24 32311	25 US	29 32315 30 US			Trust Fund Contribution Added to Fees				
, , , , , , , , , , , , , , , , , , , 	9. Name and Address of Current R	egisterea Agent	81	10. Name and Address of New Registered Agent					
			["	Robert Travis (Same No change)					
TRAVIS, ROBERT			82	82 Street Address (P.O. Box Number is Not Acceptable)					
16 N ADAMS ST			83	·					
OUINCY	FL 32351		[]						
			84	City		EI	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617 1508 Florida Statute	s the above	-named co	rooration submits this statement for th	e purpose of r	changing its	registered	
office or	registered agent, or both, in the State of I am familiar with, and accept the obligation	Florida, Such change was au	thorized by	the corpora	tion's board of directors. I hereby according	ept the appoin	tment as reç	gistered	
		is or, Section 617.0503, Flor	ida Statutes						
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE:	Registered Agen	t signature requi	red when reinstating)	DATE			
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OI	FFICERS AND	DIRECTO	RS IN 12	
TITLE	Chairman /	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	Robert Travis	\mathcal{D}	12 NAME)					
STREET ADDRESS	16 N Adams St /	U	1.3 STREET	ADDRESS				i	
CITY-ST-ZIP	Quincy, F1 32351/		1.4 CITY-ST	-ZIP	800002	284A	908		
TITLE	Secretary	☐ DELETE	21 TITLE		800002 -04/1	5/390	∏Opepoe	DID PAddition	
NAME	Rose Perry-Platt		22 NAME)	非米米米	*61.25	非法法法法 [81.25	
STREET ADDRESS	454 Ellis Rd		23 STREET	ADDRESS				,,	
CITY-ST-ZIP	Tallahassee, Fl 32311		2 4 CITY-S	r-ZIP					
TITLE	Treasurer	DELETE	3.1 TITLE	- 1			Change	Addition	
NAME	Saundra Drumming	17)	32 NAME	1					
STREET ADDRESS	2623 Bantry Bay Tallahassee, F1 32308	11	33 STREET	ADDRESS				ſ	
CITY-ST-ZIP			3.4. CrTY-ST	r-ZIP					
TITLE	Vice-Chair	☐ DELETE	4.1 TITLE	}			Change	Addition	
NAME	Wanda Whitehead		4. 2 NAME	-					
STREET ADDRESS	6989 Napa Court		43 STREET	1				ť	
CITY ST-ZIP	Tallahassee, Fl 32311		4.4 CITY-ST	-ZIP		·			
TITLE	Parliamentarian	□ DELETE	51 TITLE				Change	Addition	
NAME:	George Reynolds III	1.77	5.2 NAME	400050C				[
	301 S. Monroe St		53 STREET					l	
CRY-ST-ZIP	Tallahassee, Fl 32301 Claudette Harrell	☐ DELETE	5.4 CITY-ST	-211			Chance 4	/ Addition	
TITLE	Assistant Secretary	□ ntreit	6.2 NAME	}			Change ,9	[] Addition	
	1017 Epping Forest Dr		6.3 STREET	ADDRESS		- SC	1000	1 1	
STREET ADDRESS	Tallahassee, Fl 32311		64 CITY-ST			LV.	1	1	
CITY-ST-ZIP	Trendstanding to profit		■ 0+011.20	-415					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT Travis

ROBERT Travis

Despire Phone if

Despire Phone is

(850) 875-9881