

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003099

1. Corporation Name

JOHN GILMORE RILEY CENTER/MUSEUM FOR AFRICAN AMERICAN HISTORY & CULTURE INC.

Principal Place of Business

419 E JEFFERSON ST
TALLAHASSEE FL 32311

Mailing Address

419 E JEFFERSON ST
TALLAHASSEE FL 32311



2. Principal Place of Business

21 419 E. Jefferson St
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 4261
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3518113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

22 City & State

23 Tallahassee, FL

27 City & State

28 Tallahassee, FL

24 Zip Country

32311 US

29 Zip Country

32315 US

30 US

9. Name and Address of Current Registered Agent

TRAVIS, ROBERT
18 N ADAMS ST
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

Robert Travis (Same, no change)

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Chairman

NAME Robert Travis

STREET ADDRESS 16 N Adams St

CITY-ST-ZIP Quincy, FL 32351

TITLE Secretary

NAME Rose Perry-Platt

STREET ADDRESS 454 Ellis Rd

CITY-ST-ZIP Tallahassee, FL 32311

TITLE Treasurer

NAME Sandra Drumming

STREET ADDRESS 2623 Bantry Bay

CITY-ST-ZIP Tallahassee, FL 32308

TITLE Vice-Chair

NAME Wanda Whitehead

STREET ADDRESS 6989 Napa Court

CITY-ST-ZIP Tallahassee, FL 32311

TITLE Parliamentarian

NAME George Reynolds III

STREET ADDRESS 301 S. Monroe St

CITY-ST-ZIP Tallahassee, FL 32301

TITLE Assistant Secretary

NAME Claudette Harrell

STREET ADDRESS 1017 Epping Forest Dr

CITY-ST-ZIP Tallahassee, FL 32311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 875-9881

Daytime Phone #

0007516

CR2E037 (11/98)