


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90267 024 ****61.25

DOCUMENT # N98000003099			
1. Entity 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 P.O. BOX 4261 TALLAHASSEE FL 32315	
2. Principal Place of Business 419 E. Jefferson St		3. Mailing Address P.O. Box 4261	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Fl		City & State Tallahassee, Fl	
Zip 32301	Country Leon	Zip 32315	Country Leon
6. Name and Address of Current Registered Agent TRAVIS, ROBERT 2851 MUIRWOOD CT TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME TRAVIS, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE PD
STREET ADDRESS 2851 MUIRWOOD CT	CITY-ST-ZIP TALLAHASSEE FL 32312		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME DAVIS, ANITA	<input type="checkbox"/> Delete	TITLE Geraldine Seay
STREET ADDRESS 708 BRAGG DRIVE	CITY-ST-ZIP TALLAHASSEE FL 32310		STREET ADDRESS 2014 Chuli Nene
TITLE TD	NAME DRUMMING, SAUNDRA	<input type="checkbox"/> Delete	CITY-ST-ZIP Tallahassee, Fl 32301
STREET ADDRESS 2623 BANTRY BAY	CITY-ST-ZIP TALLAHASSEE FL 32308		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC	NAME WHITEHEAD, WANDA	<input checked="" type="checkbox"/> Delete	TITLE VC
STREET ADDRESS 6989 NAPA COURT	CITY-ST-ZIP TALLAHASSEE FL 32311		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME KELLY, WALTER	<input type="checkbox"/> Delete	TITLE David Jackson
STREET ADDRESS 824 BARNIE AVENUE	CITY-ST-ZIP TALLAHASSEE FL 32303		STREET ADDRESS 3133 Blenheim Lane
TITLE AS	NAME THOMPSON, SHARYN	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Tallahassee, Fl 32312
STREET ADDRESS 1229 SARASOTA DRIVE	CITY-ST-ZIP TALLAHASSEE FL 32301		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE AS
			NAME Claudette Harrell
			STREET ADDRESS 1017 Epping Forest Dr
			CITY-ST-ZIP Tallahassee, Fl 32311



MOORE CR2E037 (11/03)

12. 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 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: *Althemese Barnes* (Althemese Barnes) 4/10/04 (850) 681-7881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #