

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003099

FILED
Apr 30, 2005
Secretary of State

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

Current Principal Place of Business:

419 E JEFFERSON ST
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4261
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3518113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIS, ROBERT
2851 MUIRWOOD CT
TALLAHASSEE, FL 32312 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: PD () Delete
Name: SEAY, GERALDINE
Address: 2014 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: DAVIS, ANITA
Address: 708 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD () Delete
Name: DRUMMING, SAUNDRA
Address: 2623 BANTRY BAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: VC () Delete
Name: JACKSON, DAVID
Address: 3133 BLENHEIM LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: KELLY, WALTER
Address: 824 BARNIE AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: AS () Delete
Name: HARRELL, CLAUDETTE
Address: 1017 EPPING FOREST DR.
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WELLS, DOROTHY
Address: 808 WINEWARD LANE
City-St-Zip: TALLAHASSEE, FL 32311 E

Title: TD (X) Change () Addition
Name: GRIFFIN, PATRICIA
Address: PO BOX 3606
City-St-Zip: TALLAHASSEE, FL 32315

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 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 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: ALTHAMESE BARNES

ED

04/30/2005

Electronic Signature of Signing Officer or Director

Date