

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003099

**FILED**  
**Apr 27, 2006**  
**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:**

SPENCER, INGRAM  
118 SALEM COURT  
TALLAHASSEE, FL 32301 US

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: SPENCER INGRAM

04/27/2006

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: WELLS, DOROTHY  
Address: 808 WINEWARD LANE  
City-St-Zip: TALLAHASSEE, FL 32311 E

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

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: PD (X) Change ( ) Addition  
Name: GOODING-BUTLER, SHIRLEY  
Address: 3978 CALLE DE SANTOS  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

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 Chapter 119, 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: ALTHEMESE BARNES

DIR

04/27/2006

Electronic Signature of Signing Officer or Director

Date