

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003099

FILED
Jan 08, 2008
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:

SPENCER, INGRAM
118 SALEM COURT
TALLAHASSEE, FL 32301 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: GOODING-BUTLER, SHIRLEY
Address: 3978 CALLE DE SANTOS
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: BENDA, NANCY
Address: 2416 OLD ST. AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 E

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

Title: VC () Delete
Name: PROCTOR, JOHN
Address: 234 E 7TH AVENUE
City-St-Zip: TALLAHASSEE,, FL 32303

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

Title: AS () Delete
Name: HOLIFIELD, ELIZABETH
Address: 4032 LONG LEAF ROAD.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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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 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

01/08/2008

Electronic Signature of Signing Officer or Director

Date