

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

DOCUMENT# N98000003099

**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:**

419 E JEFFERSON ST  
TALLAHASSEE, FL 32311 US

**Current Mailing Address:**

P.O. BOX 4261  
TALLAHASSEE, FL 32315

**New Mailing Address:**

P.O. BOX 4261  
TALLAHASSEE, FL 32315 US

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

Title: S (X) Change ( ) Addition  
Name: BENDA, NANCY  
Address: 2416 OLD ST. AUGUSTINE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

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

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

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

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date