2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

419 E JEFFERSON ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4261
TALLAHASSEE, FL 32315 US

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: C
Name: JACKSON, DAVID
Address: 3133 BLENHEIM LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S
Name: BENDA, NANCY
Address: 2430 OLD ST. AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: T
Name: OSBORNE, TORRIO
Address: 9406 WINDAM WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: P
Name: REYNOLDS, GEORGE
Address: 301 S. ADAMS/LEON CO. COURTHOUSE
City-St-Zip: TALLAHASSEE, FL 3230L US

Title: VC
Name: SPENCER, GWENDOLYN
Address: 3656 W. SHAMROCK
City-St-Zip: TALLAHASSEE, FL 32313 US

Title: ED
Name: BARNES, ALTHEMESE
Address: 418 E.JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: ALTHEMESE BARNES ED 02/08/2011
Electronic Signature of Signing Officer or Director Date