

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90150 001 \*\*\*122.50

DOCUMENT # *N98000003099*

1. Entity Name

John Gilmore Riley Center/Museum for African  
American History & Culture Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
419 East Jefferson Street

Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 4261

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32301

Country  
US

Zip  
32315

Country  
US

4. FEI Number 59-3518113

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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**55033339**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Robert Travis

Street Address (P.O. Box Number is Not Acceptable)

2851 Muirwood CT

City Tallahassee,

FL

Zip Code  
32312

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Travis, Robert 2851 Muirwood Ct Tallahassee FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Davis, Anita 708 Bragg Drive Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Drumming, Sandra 2623 Bantry Bay Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Wanda Whitehead 6989 NAPA Court Tallahassee FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Kelly, Walter 824 Barrie Avenue Tallahassee FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Thompson, Sharyn 1229 Sarasota Drive Tallahassee FL 32301

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Robert Travis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/03*  
Date

*893.7684*  
Daytime Phone #

CR2E037B (12/02)