2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2020
Secretary of State
2041295549CC

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Entity Name: FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.

Current Principal Place of Business:

500 S. BRONOUGH ST
G-2
TALLAHASSEE, FL 32399-0250

Current Mailing Address:

500 S. BRONOUGH ST
G-2
TALLAHASSEE, FL 32399-0250

FEI Number: 59-3760777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, THOMAS PHD
500 S. BRONOUGH ST.
G-2
TALLAHASSEE, FL 32399-0250 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: THOMAS ROBINSON 01/21/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	ABBERGER, LESTER
Address	P.O. BOX 1168
City-State-Zip:	TALLAHASSEE FL 32302-1168

Title	DIRECTOR
Name	HERRLE, BILL
Address	110 E. JEFFERSON ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	BROWN, MONESIA T.
Address	1700 N MONROE STREET, SUITE 11-119 G-2
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	MOYLE, JON C. JR.
Address	MOYLE LAW FIRM, P.A. 118 NORTH GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	BOUDET, JOHN A
Address	301 EAST PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

Title	CHAIRMAN
Name	BIRTMAN, STEVE
Address	1015 WAVERLY ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	JUAREZ, LENA
Address	JEJ & ASSOCIATES POST OFFICE BOX 10390
City-State-Zip:	TALLAHASSEE FL 32302

Title	DIRECTOR
Name	CARLSON, BILL
Address	TUCKER/HALL ONE TAMPA CITY CENTER SUITE 2760
City-State-Zip:	TAMPA FL 33602

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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: THOMAS ROBINSON DEVELOPMENT AND FINANCIAL DIRECTOR 01/21/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	ROGERS, LAURA
Address	1741 MARSTON PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	AUTHORIZED REPRESENTATIVE
Name	ROBINSON, THOMAS PHD
Address	500 S. BRONOUGH ST G-2
City-State-Zip:	TALLAHASSEE FL 32399-0250

Title	DIRECTOR
Name	GUILDAY, KATHY
Address	3383 LAKESHORE DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	COLLINS, ANDREW
Address	CAREERSOURCE FLORIDA PO BOX 13179
City-State-Zip:	TALLAHASSEE FL 32317