

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008742

**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

01/24/2022

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

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

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

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

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

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

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

**Continues on page 2**

*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 W. ROBINSONDEVELOPMENT AND  
FINANCIAL DIRECTOR

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name MOORE, DENNIS PHD  
Address 1134 SARASOTA DRIVE  
City-State-Zip: TALLAHASSEE FL 32301