

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000004375

Entity Name: AFRICAN AMERICAN HISTORICAL MUSEUM OF LAKE LAND, INC.**FILED**
Mar 26, 2025
Secretary of State
9210903429CC**Current Principal Place of Business:**220 MODEST STREET
LAKE LAND, FL 33805**Current Mailing Address:**220 MODEST STREET
LAKE LAND, FL 33805 US**FEI Number:** 85-3025379**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, DORIS M
7938 BENJAMIN DRIVE
LAKE LAND, FL 33810 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	SEC
Name	PATTERSON, DELORIS P	Name	WHITTLEY-TABRON, ALBERTHA L
Address	220 MODEST STREET	Address	1260 WEST LAKE PARKER DRIVE
City-State-Zip:	LAKE LAND FL 33805	City-State-Zip:	LAKE LAND FL 33809
Title	TREA	Title	DIR
Name	BAILEY, DORIS M	Name	MCMILLON, MILDRED
Address	7938 BENJAMIN DRIVE	Address	310 HEATHERPOINT DRIVE
City-State-Zip:	LAKE LAND FL 33810	City-State-Zip:	LAKE LAND FL 33809
Title	DIR	Title	DIR
Name	ROBINSON, LORENZO	Name	CHESTANG, MORRIS
Address	1929 PROVIDENCE ROAD	Address	1346 WEST 9TH STREET
City-State-Zip:	LAKE LAND FL 33805	City-State-Zip:	LAKE LAND FL 33805

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: DORIS MOORE BAILEY**TREASURER****03/26/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date