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.

L

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

217 SOUTHEAST 1ST AVENUE SUITE 200-75 OCALA, FL 34471 US

FEI Number: 65-0657464

Name and Address of Current Registered Agent:

SEIDMAN, MARVIN B 3755 W OLD US HIGHWAY 441 MOUNT DORA, FL 32757 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	ATURE: MARVIN B SEIDMAN				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	DIRECTOR		
Name	SEIDMAN, MARVIN B	Name	HARRIET, RAMONA M		
Address	3755 W OLD US HIGHWAY 441	Address		E	
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	SUITE 200-75 OCALA FL 34471		
Title	DIRECTOR				
Name	HAMBLIN, ALMA REECE				
Address	217 SOUTHEAST 1ST AVENUE SUITE 200-75				
City-State-Zip:	OCALA FL 34471				

Certificate of Status Desired: Yes

DIRECTOR

Entity Name: INSTITUTE OF AFRICAN AMERICAN GOLF HISTORY, INC.

Current Principal Place of Business:

217 SOUTHEAST 1ST AVENUE SUITE 200-75 OCALA, FL 34471

DOCUMENT# N96000001741

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2023 Secretary of State

1603918526CC

05/01/2023 Date