

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003099

**Entity Name:** JOHN GILMORE RILEY CENTER/MUSEUM FOR AFRICAN  
AMERICAN HISTORY & CULTURE INC.**Current Principal Place of Business:**419 E JEFFERSON ST  
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 4261  
TALLAHASSEE, FL 32315 US**FEI Number: 59-3518113****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPENCER, INGRAM  
118 SALEM COURT  
TALLAHASSEE, FL 32301 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	C
Name	JACKSON, DAVID
Address	3133 BLENHEIM LANE
City-State-Zip:	TALLAHASSEE FL 32312

Title	S
Name	BENDA, NANCY
Address	2430 OLD ST. AUGUSTINE ROAD
City-State-Zip:	TALLAHASSEE FL 32301

Title	P
Name	REYNOLDS, GEORGE
Address	301 S. ADAMS/LEON CO. COURTHOUSE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	SPENCER, GWENDOLYN
Address	3656 W. SHAMROCK
City-State-Zip:	TALLAHASSEE FL 32309

Title	ED
Name	BARNES, ALTHEMESE
Address	418 E.JEFFERSON STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	PASINI, AL
Address	419 E. JEFFERSON ST.
City-State-Zip:	TALLAHASSEE FL 32301

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: ALTHEMESE BARNES****EXECUTIVE DIRECTOR****02/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date