

2019 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 CHAIRMAN
Name HARRIS, ANNIE
Address 436 WEST GEORGIA STREET
City-State-Zip: TALLAHASSEE FL 32301

Title VC
Name LEWIS-BUTLER, MAGGIE
Address 4169 MERCURY DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title T
Name OCCHUIZZO, JOHN
Address 1713 SHERWOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title P
Name BARBER, DELMAS
Address 7277 KIDD DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name GRIFFIN, PATRICIA
Address 7860 MCLEAN ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name HILL, EMMA
Address 5632 MOSSY TOP WAY
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WILLIAMS, BERNARD
Address 535 APPELYARD DRIVE
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name WELLINGTON, MARY
Address 217 N. MONROE STREET
City-State-Zip: TALLAHASSEE FL 32301

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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: ANNIE S. HARRIS**BOARD CHAIR****02/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAILEY, JOHN
Address 300 SOUTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name WILLIAMS, KIMBERLY
Address PO BOX 10393
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name LEWIS, HENRY DR.
Address 6096 WW KELLEY ROAD
City-State-Zip: TALLAHASSEE FL 32311

Title DEACON
Name MCCORMICK, KATIE
Address 116 HONORS WAY
ROOM #110-D
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name MINOR, RICK
Address 301 SOUTH MONROE STREET
SUITE 503
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name RANGE, PREFERIA
Address 419 E. JEFFERSON STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BRICKLER, ALEX III
Address 419 EAST JEFFERSON STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JILES, WILLIAM
Address 110 SUMPTER ROAD
City-State-Zip: MIDWAY FL 32343

Title DIRECTOR
Name JOHNSON, ANNE-MARIE
Address 234 EAST 7TH AVENUE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name BOWEN, GEORGIA
Address 419 E. JEFFESON STREET
City-State-Zip: TALLAHASSEE FL 32301