

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732469

**Entity Name:** MUSEUM OF SOUTHERN HISTORY, INC.

**Current Principal Place of Business:**

4304 HERSCHEL ST  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4304 HERSCHEL ST  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-1662145

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WILLINGHAM, BEN H  
4242 ORTEGA BLVD.  
UNIT #18  
JACKSONVILLE, FL 32210 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 D  
Name TERRY, GORDON  
Address 4505 BASS PLACE SOUTH  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name DAVALT, CHARLES  
Address 2710 ALGONQUIN AVE.  
City-State-Zip: JACKSONVILLE FL 32210

Title PRES  
Name WILLINGHAM, BEN H  
Address 4242 ORTEGA BLVD.  
UNIT #18  
City-State-Zip: JACKSONVILLE FL 322104449

Title DIRECTOR  
Name SHILLINGLAW, JIM  
Address 2081 CHAFFEE ROAD  
113  
City-State-Zip: JACKSONVILLE FL 32221

*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:** BEN H. WILLINGHAM

**PRESIDENT**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date