FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:13

DOCUMENT # N07894 (1)

1. Corporation Name
CLEWISTON MUSEUM, INC.

Principal Place of Business	Mailing Address
112 SOUTH COMMERCIO STREET CLEWISTON FL 33440	112 SOUTH COMMERCIO STREET CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1985
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2460777 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORDES, GEORGE C.
339 W EL PASO AVE.
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COUSE, MILLER	1.2 NAME		
STREET ADDRESS	227 E CRESCENT DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	RACKSTRAW, GAYNAM	2.2 NAME		
STREET ADDRESS	311 E OSCEOLA AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP		
TITLE	S[illegible]	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MILLER, BOBBIE	3.2 NAME	Mrs. Shirley Causseaux	
STREET ADDRESS	303 SAGINAW AVE.	3.3 STREET ADDRESS	321 West Haiti Avenue,	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	VANN, JUDY N.	4.2 NAME		
STREET ADDRESS	544 EAST OSCEOLA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, RUTH	5.2 NAME		
STREET ADDRESS	811 W ROYAL PALM AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LEWELL HUGHES	6.2 NAME		
STREET ADDRESS	P.O. BOX 1207	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000003