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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07894**

(1)

1. Corporation Name

CLEWISTON MUSEUM, INC.



Principal Place of Business 112 SOUTH COMMERCIO STREET CLEWISTON FL 33440	Mailing Address 112 SOUTH COMMERCIO STREET CLEWISTON FL 33440
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3. Date Incorporated or Qualified

02/28/1985

4. FEI Number

59-2460777

Applied For

Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COUSE, MILLER
112 SOUTH COMMERCIO STREET
CLEWISTON FL 33440**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	COUSE, MILLER	1.2 NAME	HILLIARD, CATHY
STREET ADDRESS	227 E CRESCENT DR	1.3 STREET ADDRESS	100 MYRTLE LANE
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D	2.1 TITLE	D
NAME	STISS, SANDRA	2.2 NAME	STITT, SANDRA
STREET ADDRESS	RT. 2 BOX 170	2.3 STREET ADDRESS	ROUTE 2, BOX 170
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D	3.1 TITLE	
NAME	TULLOS, CLARK	3.2 NAME	
STREET ADDRESS	P.O. BOX 1029 / 850 W. VENTURA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
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	
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	
NAME	LEWELL HUGHES	6.2 NAME	
STREET ADDRESS	P.O. BOX 1207 / 617 EAST ESPERANZA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Miller Couse

REQUIRE

MILLER COUSE, CHAIRMAN

3-5-98 (941) 983-8191

CR2E037 (10/97)