

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90208 030 ****61.25

DOCUMENT # N07894

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/28/1985

4. FEI Number

59-2460777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COUSE, MILLER
112 SOUTH COMMERCIO STREET
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 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

TITLE PD
NAME COUSE, MILLER
STREET ADDRESS 227 E CRESCENT DR
CITY-ST-ZIP CLEWISTON FL

TITLE D
NAME STISS, SANDRA
STREET ADDRESS RT. 2 BOX 170
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D
NAME TULLOS, CLARK
STREET ADDRESS P.O. BOX 1029 / 850 W. VENTURA
CITY-ST-ZIP CLEWISTON FL 33440

TITLE TD
NAME VANN, JUDY N.
STREET ADDRESS 544 EAST OSCEOLA AVE
CITY-ST-ZIP CLEWISTON FL

TITLE D
NAME MCCARTHY, RUTH
STREET ADDRESS 811 W ROYAL PALM AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D
NAME LEWELL HUGHES
STREET ADDRESS P.O. BOX 1207 / 617 EAST ESPERANZA AVE.
CITY-ST-ZIP CLEWISTON FL 33440

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME HILLIARD, CATHY
1.3 STREET ADDRESS 100 MYRTLE LANE
1.4 CITY-ST-ZIP CLEWISTON, FL 33440

2.1 TITLE D
2.2 NAME STITT, SANDRA
2.3 STREET ADDRESS RT. 2 BOX 170
2.4 CITY-ST-ZIP CLEWISTON, FL 33440

3.1 TITLE D
3.2 NAME Brady, John
3.3 STREET ADDRESS 1021 Ponce De Leon
3.4 CITY-ST-ZIP Clewiston, FL 33440

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

Daytime Phone #

CR2E037 (11/98)