

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N07894

1. Entity Name
CLEWISTON MUSEUM, INC.



Principal Place of Business
**112 SOUTH COMMERCIO STREET
CLEWISTON, FL 33440**

Mailing Address
**112 SOUTH COMMERCIO STREET
CLEWISTON, FL 33440**



01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2460777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUSE, MILLER 227 E CRESCENT DR CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STITT, SANDRA RT. 2 BOX 170 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, KARL E 7820 SHAWNEE RD. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, CATHY 100 MYRTLE LANE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, RUTH 811 W ROYAL PALM AVE. CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWELL HUGHES P.O. BOX 1207 / 617 EAST ESPERANZA AVE. CLEWISTON, FL 33440

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01/24/05-80101-016 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2005

Date

863-983-8191

Daytime Phone #