

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07894

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CLEWISTON MUSEUM, INC.

## Current Principal Place of Business:

109 CENTRAL AVE  
CLEWISTON, FL 33440

## New Principal Place of Business:

## Current Mailing Address:

109 CENTRAL AVE  
CLEWISTON, FL 33440

## New Mailing Address:

FEI Number: 59-2460777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

COUSE, MILLER  
109 CENTRAL AVE  
CLEWISTON, FL 33440 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:

01/04/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COUSE, MILLER,  
Address: 227 E CRESCENT DR  
City-St-Zip: CLEWISTON, FL

Title: D ( ) Delete  
Name: STITT, SANDRA  
Address: 4513 U.S. 27 WEST  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: LARSEN, KARL E  
Address: 7820 SHAWNNEE RD.  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: HILLIARD, CATHY  
Address: 100 MYRTLE LANE  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: LEE, JUDY  
Address: P.O. BOX 116  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: LEWELL HUGHES,  
Address: P.O. BOX 1207 / 617 EAST ESPERANZA AVE.  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COUSE, MILLER,  
Address: 227 E CRESCENT DR  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JEFF BARWICK,  
Address: 1057 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFF BARWICK

SECY

01/04/2008

Electronic Signature of Signing Officer or Director

Date