

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07894

FILED
Jan 12, 2009
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
109 CENTRAL AVE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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:

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 33440

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: S () Delete
Name: JEFF BARWICK,
Address: 1057 BAYBERRY LOOP
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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City-St-Zip:

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

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

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: MILLER COUSE

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date