

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07894

Entity Name: CLEWISTON MUSEUM, INC.**Current Principal Place of Business:**109 CENTRAL AVE
CLEWISTON, FL 33440**Current Mailing Address:**109 CENTRAL AVE
CLEWISTON, FL 33440**FEI Number:** 59-2460777**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	COUSE, MILLER
Address	227 E CRESCENT DR
City-State-Zip:	CLEWISTON FL 33440

Title	PD
Name	LOPEZ, BRENDA
Address	500 ROYAL PALM
City-State-Zip:	CLEWISTON FL 33440

Title	D
Name	LEE, JUDY
Address	P.O. BOX 116
City-State-Zip:	CLEWISTON FL 33440

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

Title	D
Name	HILLIARD, CATHY
Address	100 MYRTLE LANE
City-State-Zip:	CLEWISTON FL 33440

Title	FISCAL OFFICER
Name	SMITH, RALPH C
Address	P.O. BOX 423 599 2ND ST. NW
City-State-Zip:	MOORE HAVEN FL 33471

I hereby 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 all other like empowered.

SIGNATURE: RALPH C. SMITH**FISCAL OFFICER****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date