

2024 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:**P.O. BOX 265
CLEWISTON, FL 33440 US**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:** MILLER COUSE

03/07/2024

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 D
Name LARSEN, KARL
Address 313 E CRESCENT DR
City-State-Zip: CLEWISTON FL 33440

Title D
Name SWINDLE, AMY
Address 7580 W. US HWY 27
EAST ARCADE AVENUE
City-State-Zip: CLEWISTON FL 33440

Title MRS
Name CASTELLANOS, Sissy
Address 109 CENTRAL AVENUE
City-State-Zip: CLEWISTON FL 33440

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

Title C, D
Name PRIDGEN, GLEN
Address 114 W. ARCADE AVENUE
City-State-Zip: CLEWISTON FL 33440

Title D
Name DEITZ, MARK
Address 229 E. ARCADE AVENUE
City-State-Zip: CLEWISTON FL 33440

Title MR.
Name WILLIAMS, DONALD
Address 711 LAUREL STREET
City-State-Zip: CLEWISTON FL 33440

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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: LEIGH WOODHAM**DIRECTOR**

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MS.
Name BERNER, CARLY
Address 315 E AVENIDA DEL RIO
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name WOODHAM, LEIGH
Address 833 FLEMING DRIVE
City-State-Zip: BELLE GLADE FL 33430