FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

730041

(1)

CROWLEY MUSEUM & NATURE CENTER, INC.

Principal Place	o of Rusiness	Mailing Address	· · · · · ·					
Principal Place of Business Malling Address								
18405 MYAKKA ROAD 18405 MYAKKA ROAD SARASOTA FL 34240 SARASOTA FL 34240					3. Date Incorporated or Qualified			
					06/24/1974			
						4. FEt Number	Applied For	
1						23-7374527	Not Applicable	
2. Principal Place of Business 2a. Mailing Addre							\$8.75 Additional	
21		26	i]			6. Certificate of Status Desired	Fee Required	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5,00 May Be	
22		27				Trust Fund Contribution	Added to Fees	
City & Sta	te	City & State		7. Is this nonprofit corporation a homeowners association? Yes No				
23		28						
Zip	Country	Zip	c	ountry	•	8. This corporation owes or has paid the cu	rrent year Intangible	
24	25 29 30					Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent		\perp		10. Name and Address of New Registered	Agent	
				81	Name			
Nenninger, Paul				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
4928 SAN JOSE DR.				~	Olloon Addit	das (1.0. Dox Hamber is Hot Acceptacie)		
SARASOTA FL 34235				83				
	517.12 54255							
				84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	tes. the	above	e-named corp		f changing its registered	
office or	registered agent, or both, in the State of	of Florida. Such change was	authoriz	ed by	the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of the	pointment as registered	
	am ramiliar with, and accept the obliga	tions of, Section 617.0503, F	iorida St	atutet	5.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if anniloshia (NO)	TF: Beginler	red Ans	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13		an argument recom	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12	
TITLE	→ TD f g	DELETE	-	TITLE	1	PRESIDENT / DIRECTOR	☐ Change ☐ Addition	
NAME	MENNINGER PAIN		,	NAME				
STREET ADDRESS	4928 SAN JOSE DR.	.4			ADDRESS	JUDITH BALL 1859 LINCOLN DR		
	SARASOTA, FL 00000	<i>A</i> 6	<i>}</i>		2001100	SARASOTA FL 34230	,	
CITY-ST-ZIP	VPD	DELETE	_	CITY S		VICE PRESIDENT DIRECTO		
NAME	HERZOG, CLAIRE	Differe		NAME	€ .	DAVE BABER	CT compt - Environ	
			-,			AUDI WALLE		
STREET ADDRESS	2770 LENA UN	n y			ADDRESS	6481 KAHANA WAY	e d	
CITY-ST-ZIP	SARASOTA, FL 00000	N Pari ere		CITY-		SARASOTA, FL 3424		
TITLE	PD	DELETE	. 4	TITLE	·**	¥-	Change Addition	
NAME	RICHARDSON, ELLEN	£ 1 4		NAME			•	
STREET ADDRESS	16150 MANESS RD		3.3	STREET	ADDRESS		1,	
CITY-ST-ZIP	SARASOTA FL 34240			. SITY -				
TITLE	D	☐ DELETE	-, a 4.1	TITLE	5 F [3	Change Addition	

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

-5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CROWLEY, LOIS

TURMAN, BARBARA

16400 RAWLS RD

SARASOTA FL

162 S. POLK

ARCADIA FL

4/10/98

FILED

Apr 17 1998 8:00am

Secretary of State

322 -1000

Change

HZECS/ (1097)