2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2004
Secretary of State

DOCUMENT# 730041

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.

Current Principal Place of Business:

16405 MYAKKA ROAD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

16405 MYAKKA ROAD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 23-7374527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, DEBBIE J
16405 MYAKKA RD
SARASOTA, FL 34240

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: D ( ) Delete
Name: SPRINGUEL, MYRIAM
Address: 2469 NOVUS ST
City-St-Zip: SARASOTA, FL 34237

Title: SD ( ) Delete
Name: FRANGIE, RAMSEY
Address: 3521 ALMERIA AVE
City-St-Zip: SARASOTA, FL 34239

Title: VPD ( ) Delete
Name: GARRETT, DEBRA
Address: 16405 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: DIXON, DEBBIE
Address: 16405 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: PD ( ) Delete
Name: CROWLEY, WILLIAM DEAN
Address: 16271 RAWLS RD
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: KIRSCHNER, JANE
Address: 1632 LOMA LINDA ST
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: WELLS, MARTHA
Address: 708 TROPICAL CIR
City-St-Zip: SARASOTA, FL 34242

Title: PD (X) Change ( ) Addition
Name: FRANGIE, RAMSEY
Address: 3521 ALMERIA AVE
City-St-Zip: SARASOTA, FL 34239

Title: SPD (X) Change ( ) Addition
Name: LAWSON, DIANE
Address: 16405 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

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

Title: TD (X) Change ( ) Addition
Name: SMALLWOOD, ROBERT
Address: 410 CANAL RD
City-St-Zip: SARASOTA, FL 34242

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBBIE DIXON D 05/09/2004

Electronic Signature of Signing Officer or Director — Date