2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90027 001 ****61.25

DOCUMENT # 730041

1. Entity Name
CROWLEY MUSEUM & NATURE CENTER, INC.

Principal Place of Business	Mailing Address
16405 MYAKKA ROAD SARASOTA, FL 34240	16405 MYAKKA ROAD SARASOTA, FL 34240

400J9J0Y

04302007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
23-7374527
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHEL, JOHN C
16405 MYAKKA ROAD
SARASOTA, FL 34240

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MICHEL, JOHN
STREET ADDRESS	200 COCOANUT AVE #10
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VD
NAME	COWDRIGHT, WILLIAM
STREET ADDRESS	7910 ASHLEY CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34201
TITLE	PD
NAME	LAWSON, DIANE
STREET ADDRESS	711 SOUTH OSPREY AVE , SUITE 1
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	SD
NAME	KAPLAN, MARNE
STREET ADDRESS	1269 FIRST ST #8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J William Cowdright 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #