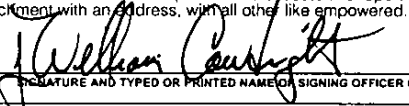


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 16405 MYAKKA ROAD SARASOTA, FL 34240		Mailing Address 16405 MYAKKA ROAD SARASOTA, FL 34240	
DO NOT WRITE IN THIS SPACE		04302007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 23-7374527 Applied For Not Applicable	
6. Name and Address of Current Registered Agent MICHEL, JOHN C 16405 MYAKKA ROAD SARASOTA, FL 34240		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MICHEL, JOHN 200 COCOANUT AVE #10 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COWDRIGHT, WILLIAM 7910 ASHLEY CIRCLE SARASOTA, FL 34201		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAWSON, DIANE 711 SOUTH OSPREY AVE, SUITE 1 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAPLAN, MARNE 1269 FIRST ST #8 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Date: 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	