2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730041

FILED Jul 07, 2008 Secretary of State

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 16405 MYAKKA ROAD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 16405 MYAKKA ROAD SARASOTA, FL 34240 FEI Number: 23-7374527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHEL, JOHN C COWDRIGHT, J. WILLIAM 16405 MYAKKA ROAD 16405 MYAKKA ROAD SARASOTA, FL 34240 SARASOTA, FL 34240 US 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: J. WILLIAM COWDRIGHT 07/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MICHEL, JOHN MICHEL, JOHN Name: Name: 200 COCOANUT AVE #10 Address: 200 COCOANUT AVE #10 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: VD () Delete Title: TD (X) Change () Addition COWDRIGHT, WILLIAM Name: Name: ANTES, PAUL Address: 7910 ASHLEY CIRCLE Address: 7409 GREEN STREET City-St-Zip: SARASOTA, FL 34201 City-St-Zip: UNIVERSITY PARK, FL 34201 Title: PD () Delete Title: PD (X) Change () Addition LAWSON, DIANE Name: SERVIAN, MARY ANNE Name: 711 SOUTH OSPREY AVE, SUITE 1 Address: Address: 1350 MAIN STREET City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: SD () Delete Title: () Change () Addition Name: KAPLAN, MARNE Name: Address: 1269 FIRST ST #8 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: ED () Change (X) Addition COWDRIGHT, J WILLIAM Name: Name: 7910 ASHLEY CIRCLE Address: Address: City-St-Zip: City-St-Zip: UNIVERSITY PARK, FL 34201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: J. WILLIAM COWDRIGHT ED 07/07/2008