2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
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 ( )**
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:

COWDRIGHT, J WILLIAM
16405 MYAKKA ROAD
SARASOTA, FL 34240 US

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: VD ( ) Delete
Name: MICHEL, JOHN
Address: 200 COCOANUT AVE #10
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete
Name: ANTES, PAUL
Address: 7409 GREEN STREET
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: PD ( ) Delete
Name: SERVIAN, MARY ANNE
Address: 1350 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: SD ( ) Delete
Name: KAPLAN, MARNE
Address: 1269 FIRST ST #8
City-St-Zip: SARASOTA, FL 34236

Title: ED ( ) Delete
Name: COWDRIGHT, J WILLIAM
Address: 7910 ASHLEY CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 06/30/2009

Electronic Signature of Signing Officer or Director — Date