

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07894 (1)
1. Corporation Name
CLEWISTON MUSEUM, INC.



Principal Place of Business: **112 SOUTH COMMERCIO STREET CLEWISTON FL 33440**
Mailing Address: **112 SOUTH COMMERCIO STREET CLEWISTON FL 33440**

3. Date Incorporated or Qualified: **02/28/1985**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2460777**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **30**

9. Name and Address of Current Registered Agent
**CORDES, GEORGE C.
339 W EL PASO AVE.
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent
81 Name Miller Couse
82 Street Address (P.O. Box Number is Not Acceptable) 112 South Comercio Street
84 City Clewiston FL 85 Zip Code 33440

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Miller Couse* DATE: **3/21/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COUSE, MILLER	
STREET ADDRESS	227 E CRESCENT DR	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RACKSTRAW, GAYNAM	
STREET ADDRESS	311 E OSCEOLA AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAUSSEAU, SHIRLEY	
STREET ADDRESS	321 WEST HAITI AVENUE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VANN, JUDY N.	
STREET ADDRESS	544 EAST OSCEOLA AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, RUTH	
STREET ADDRESS	811 W ROYAL PALM AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWELL HUGHES	
STREET ADDRESS	P.O. BOX 1207 / 617 East Esperanza Ave.	
CITY-ST-ZIP	CLEWISTON FL 33440	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Tullos, Clark
33 STREET ADDRESS	P.O. Box 1029 / 850 W. Ventura
34 CITY-ST-ZIP	Clewiston, FL 33440
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Miller Couse* **Miller Couse** DATE: **2/6/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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