


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07894 (1)**  
 1. Corporation Name  
**CLEWISTON MUSEUM, INC.**



Principal Place of Business <b>112 SOUTH COMMERCIO STREET CLEWISTON FL 33440</b>	Mailing Address <b>112 SOUTH COMMERCIO STREET CLEWISTON FL 33440</b>
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3. Date Incorporated or Qualified <b>02/28/1985</b>
4. FEI Number <b>59-2460777</b>
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**COUSE, MILLER**  
**112 SOUTH COMMERCIO STREET**  
**CLEWISTON FL 33440**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>COUSE, MILLER</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<b>HILLIARD, CATHY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>227 E CRESCENT DR</b>	1.2 NAME	<b>100 MYRTLE LANE</b>
STREET ADDRESS	<b>CLEWISTON FL</b>	1.3 STREET ADDRESS	<b>CLEWISTON, FL 33440</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>STISS, SANDRA</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<b>STITT, SANDRA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RT. 2 BOX 170</b>	2.2 NAME	<b>ROUTE 2, BOX 170</b>
STREET ADDRESS	<b>CLEWISTON FL</b>	2.3 STREET ADDRESS	<b>CLEWISTON, FL 33440</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>TULLOS, CLARK</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 1029 / 850 W. VENTURA</b>	3.2 NAME	
STREET ADDRESS	<b>CLEWISTON FL 33440</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>VANN, JUDY N.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>544 EAST OSCEOLA AVE</b>	4.2 NAME	
STREET ADDRESS	<b>CLEWISTON FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>MCCARTHY, RUTH</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>811 W ROYAL PALM AVE.</b>	5.2 NAME	
STREET ADDRESS	<b>CLEWISTON FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>LEWELL HUGHES</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 1207 / 617 EAST ESPERANZA AVE.</b>	6.2 NAME	
STREET ADDRESS	<b>CLEWISTON FL 33440</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, CHAIRMAN** 3-5-98 (941) 983-8191

CR2E037 (10/97)