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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07894

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/28/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2460777
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COUSE, MILLER 112 SOUTH COMMERCIO STREET CLEWISTON FL 33440	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUSE, MILLER	1.2 NAME	HILLIARD, CATHY
STREET ADDRESS	227 E CRESCENT DR	1.3 STREET ADDRESS	100 MYRTLE LANE
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STISS, SANDRA	2.2 NAME	STITT, SANDRA
STREET ADDRESS	RT. 2 BOX 170	2.3 STREET ADDRESS	RT. 2 BOX 170
CITY-ST-ZIP	CLEWISTON FL 33440	2.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TULLOS, CLARK	3.2 NAME	Brady, John
STREET ADDRESS	P.O. BOX 1029 / 850 W. VENTURA	3.3 STREET ADDRESS	1021 Ponce De Leon
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANN, JUDY N.	4.2 NAME	
STREET ADDRESS	544 EAST OSCEOLA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, RUTH	5.2 NAME	
STREET ADDRESS	811 W ROYAL PALM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWELL HUGHES	6.2 NAME	
STREET ADDRESS	P.O. BOX 1207 / 617 EAST ESPERANZA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)