


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N07894 1. Entity Name CLEWISTON MUSEUM, INC.	
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Principal Place of Business 112 SOUTH COMMERCIO STREET CLEWISTON, FL 33440	Mailing Address 112 SOUTH COMMERCIO STREET CLEWISTON, FL 33440
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01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2460777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COUSE, MILLER 112 SOUTH COMMERCIO STREET CLEWISTON, FL 33440

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUSE, MILLER 227 E CRESCENT DR CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STITT, SANDRA RT. 2 BOX 170 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, KARL E 7820 SHAWNEE RD. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, CATHY 100 MYRTLE LANE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, RUTH 811 W ROYAL PALM AVE. CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWELL HUGHES P.O. BOX 1207 / 617 EAST ESPERANZA AVE. CLEWISTON, FL 33440

00000189605
01/24/05-80101-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01/18/2005** **863-983-8191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #