# 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 730041** 

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.

FILED
Sep 04, 2016
Secretary of State
CC7651097520

#### **Current Principal Place of Business:**

16405 MYAKKA ROAD SARASOTA, FL 34240

## **Current Mailing Address:**

16405 MYAKKA ROAD SARASOTA, FL 34240

FEI Number: 23-7374527 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

COOK, JEFF 2541 MYAKKA ROAD SARASOTA, FL 34240 US

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: JEFF COOK 09/04/2016

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitleDIRECTORTitlePRESIDENTNameROBERTS, GLENNA STINNETTNameCOOK, JEFF ALLENAddress2453 MYAKKA ROADAddress2541 MYAKKA ROAD

City-State-Zip: SARASOTA FL 34240 City-State-Zip: SARASOTA FL 34240

Title TREAURER Title DIRECTOR

Name ROBERTS, LARRY ALAMON Name ROBERTS, MALCOM ERNST

Address 4707 69TH STREET EAST Address 2453 MYAKKA ROAD

City-State-Zip: BRADENTON FL 34203 City-State-Zip: SARASOTA FL 34240

Title DIRECTOR Title VP

NameGLORIOSO, ZACHORY JOSEPHNameRESNICK, DIXIEAddress6552 FRIENDSHIP DRIVEAddress16405 MYAKKA ROAD

City-State-Zip: SARASOTA FL 34241 City-State-Zip: SARASOTA FL 34240

Title SECRETARY Title DIRECTOR

Name BREW, RUBY JO Name CROWLEY, ANNE

Address 12812 MORRIS BRIDGE ROAD Address 3003 VASSAR STREET

City-State-Zip: THONOTOSASSA FL 33592 City-State-Zip: MELBOURNE FL 32901

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I hereby 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 all other like empowered.

SIGNATURE: JEFF COOK PRESIDENT 09/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name SCARBROUGH, JEFF Name CROWLEY, DEAN

Address REXRODE RD Address 16271 RAWLS ROAD

City-State-Zip: MYAKKA CITY FL 34251 City-State-Zip: SARASOTA FL 34240