#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 730041** 

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.

FILED
Mar 19, 2014
Secretary of State
CC2916375676

# **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:

POIRE, ELAINE F 16405 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: ELAINE F POIRE 03/19/2014

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title

**TREASURER** 

			-
Name	HOLCOMB, TERRI	Name	KLUSON, ROBERT A PHD
Address	16405 MYAKKA ROAD	Address	16405 MYAKKA ROAD

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

Title DIRECTOR Title DIRECTOR

Name RUMMAGE , TIM Name FREEMAN , JOHN

Address 16405 MYAKKA ROAD Address 16405 MYAKKA ROAD

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

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: TERRI S. HOLCOMB

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

**PRESIDENT** 

03/19/2014