

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730041

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.**Current Principal Place of Business:**16405 MYAKKA ROAD
SARASOTA, FL 34240**Current Mailing Address:**16405 MYAKKA ROAD
SARASOTA, FL 34240 US**FEI Number:** 23-7374527**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLYNN, SUSAN K
8211 241 ST E
MYAKKA CITY, FL 34251 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY, DIRECTOR
Name BREW, RUBY JO
Address 12812 MORRIS BRIDGE ROAD
City-State-Zip: THONOTOSASSA FL 33592

Title CHAIRMAN, DIRECTOR
Name CROWLEY, WILLIAM "DEAN"
Address 3301 WHITFIELD AVE
City-State-Zip: SARASOTA FL 34243

Title CHAIR-ELECT, DIRECTOR
Name FLYNN, SUSAN K ESQ
Address 8211 - 241 STREET E
City-State-Zip: MYAKKA CITY FL 34251

Title PRESIDENT, CEO
Name RESNICK, DIXIE
Address 16405 MYAKKA ROAD
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name JOHNSON, CHRISTINE
Address 400 PALMETTO AVE
City-State-Zip: OSPREY FL 34229

Title TREASURER, DIRECTOR
Name BAUER, JOHN CPA
Address 4001 S. MOON DR
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name DENTE, MIREYA
Address 2033 MAIN ST.
SUITE 101
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name HARRIS, GABRIELE
Address 5201 PAYLOR LN
City-State-Zip: SARASOTA FL 34240

Continues on page 2

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: SUSAN K FLYNN, ESQ

CHAIR ELECT

04/16/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PHIDD, ALICIA ESQ.
Address 19503 S WEST VILLAGES PKWY
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name RICE, WILLIAM "BILLY"
Address 3716 COCONUT TRACE
City-State-Zip: BRADENTON FL 34210