2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC0239808801

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

FEI Number: 23-7374527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COWDRIGHT, BILL
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	COWDRIGHT, BILL
Address	7910 ASHLEY CIRCLE
City-State-Zip:	BRADENTON FL 34201

Title	DIRECTOR
Name	FRANGIE, RAMSEY
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	TREASURER
Name	HOLCOMB, TERRI
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	OWEN, GLYNNE
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	SHOEMAKER, STEVE
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	SECRETARY
Name	HOLLAND, MOLLY
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	PRESIDENT
Name	KLUSON, ROBERT A PHD
Address	16405 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	PONRICK, OLIVIA
Address	16405 MYAKKA ROAD
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 HOLCOMB TREASURER 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date