2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2015
Secretary of State
CC7331341252

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: Yes

Name and Address of Current Registered Agent:

ROBERTS, LARRY ALAMON
4707 69TH STREET EAST
BRADENTON, FL 34203 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: LARRY ROBERTS 10/03/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KLUSON, ROBERT ALLEN
Address	4903 4TH AVENUE CIRCLE, NW
City-State-Zip:	BRADENTON FL 34209

Title	SECRETARY
Name	COOK, JEFF ALLEN
Address	2541 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	ROBERTS, MALCOM ERNST
Address	2453 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	RESNICK, DIXIE STONE
Address	14030 MOSSY OAK LANE
City-State-Zip:	MYAKKA CITY FL 34251

Title	VP
Name	ROBERTS, GLENNA STINNETT
Address	2453 MYAKKA ROAD
City-State-Zip:	SARASOTA FL 34240

Title	TREAURER
Name	ROBERTS, LARRY ALAMON
Address	4707 69TH STREET EAST
City-State-Zip:	BRADENTON FL 34203

Title	DIRECTOR
Name	GLORIOSO, ZACHORY JOSEPH
Address	6552 FRIENDSHIP DRIVE
City-State-Zip:	SARASOTA FL 34241

Title	DIRECTOR
Name	KING, CLIFFORD
Address	6111 EXCHANGE WAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

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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 SECRETARY 10/03/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	CROWLEY, JOE
Address	155 MARINA RV DRIVE
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	CROWLEY , ANNE
Address	3003 VASSAR STREET
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	SCARBROUGH, VICTOR
Address	31910 CLAY GULLY ROAD
City-State-Zip:	MYAKKA CITY FL 34251

Title	DIRECTOR
Name	CROWLEY, JAN
Address	155 MARINA RV DRIVE
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	BENSHOFF, PAULA
Address	3764 LENA LANE
City-State-Zip:	SARASOTA FL 34240