2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2020
Secretary of State
6138413306CC

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: No

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

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

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

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

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

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

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

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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: SUSAN K. FLYNN, ESQ. AUTHORIZED AGENT 04/28/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	SPRINGER, SARA
Address	8285 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34237

Title	DIRECTOR
Name	BOBBITT, RUSS
Address	2301 RINGLING BLVD
City-State-Zip:	SARASOTA FL 34237