

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

FEI Number: 23-7374527

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLUSON, ROBERT ALLEN
4903 4TH AVENUE CIRCLE, NW
BRADENTON, FL 34209 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: ROBERT ALLEN KLUSON

05/06/2015

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

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

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

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

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

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

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: ROBERT ALLEN KLUSON

PRESIDENT

05/06/2015

Electronic Signature of Signing Officer/Director Detail

Date