

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004159

1. Entity Name
**THE PALM BEACH MUSEUM OF NATURAL HISTORY,
INC.**



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306

Mailing Address
2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1745912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTS, NORLIZA ESQUIRE
2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASCUCCI, JR., RUDOLPH F 3200 PALM TRACE LANDINGS DRIVE, #912 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CICHOCKI, FREDERICK DR. 67 PEARL STREET BATH, ME 04530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERDINANDO, PETER 888 NW 45TH STREET POMPANO, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLYNN, PATRICA K 2805 EAST OAKLAND PARK BLVD, #402 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/15/08-80002-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sec

7-10-08

Date

954-295-2329

Daytime Phone #