

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746729

Entity Name: THE CHILDREN'S MUSEUM, INC.**Current Principal Place of Business:**498 CRAWFORD BOULEVARD
BOCA RATON, FL 33432**Current Mailing Address:**498 CRAWFORD BOULEVARD
BOCA RATON, FL 33432 US**FEI Number:** 59-6652019**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET STE 4
TALLAHASSEE, FL 32301 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 PRESIDENT & CEO
Name OKRENT, ELLYN
Address 498 CRAWFORD BOULEVARD
City-State-Zip: BOCA RATON FL 33432

Title TREASURER
Name TABOR, MARK
Address 498 CRAWFORD BLVD.
City-State-Zip: BOCA RATON FL 33432

Title CHAIRMAN
Name FEDELE, TERRY
Address 498 CRAWFORD BLVD
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY
Name CARMAN, DEBORAH
Address 498 CRAWFORD BOULEVARD
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR AT LARGE
Name FINKELSTEIN, BERNARD A
Address 498 CRAWFORD BLVD.
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name ROBES, ROBERT
Address 498 CRAWFORD BOULEVARD
City-State-Zip: BOCA RATON FL 33432

Title VP
Name GONZALEZ, MARY SOL
Address 498 CRAWFORD BOULEVARD
City-State-Zip: BOCA RATON FL 33432

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: ELLYN OKRENT**PRESIDENT & CEO****02/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date