

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004159

FILED
Jun 26, 2018
Secretary of State
CC4969443646

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

Current Principal Place of Business:

2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306

Current Mailing Address:

2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306

FEI Number: 06-1745912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATTS, NORLIZA ESQUIRE
2805 EAST OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306 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 P
Name PASCUCCI, RUDOLPH F. JR.
Address 3900 HAVERHILL RD.
P.O. BOX 220534
City-State-Zip: WEST PALM BEACH FL 33422

Title VP
Name FLYNN, PATRICIA K
Address 2805 EAST OAKLAND PARK BLVD,
#402
City-State-Zip: FT. LAUDERDALE FL 33306

Title T
Name PEDRAZZOLI, BRYAN L
Address 3202 SHOMA DR.
City-State-Zip: WELLINGTON FL 33414

Title TRUSTEE
Name FERDINANDO, PETER
Address 777 NW 45TH STREET
City-State-Zip: POMPANO FL 33064

Title TRUSTEE
Name RODRIGUEZ, JOAQUIN J
Address 50 NE 26TH AVE
SUITE 309
City-State-Zip: POMPANO BEACH FL 33062

Title TRUSTEE
Name LIZANA, KATIE M
Address MISSION BAY
20273 FLORIDA 7
City-State-Zip: BOCA RATON FL 33498

Title TRUSTEE
Name LIZANA, KATIE M
Address 3193 WILSON ST.
City-State-Zip: HOLLYWOOD FL 33021

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: RUDOLPH PASCUCCI

PRESIDENT

06/26/2018

Electronic Signature of Signing Officer/Director Detail

Date