#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004159

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

**FILED** Apr 05, 2022 **Secretary of State** 0085724856CC

# **Current Principal Place of Business:**

10300 FOREST HILL BLVD. #172 WELLINGTON. FL 33414-3120

# **Current Mailing Address:**

10300 FOREST HILL BLVD, #172 WELLINGTON, FL 33414-3120 US

FEI Number: 06-1745912 Certificate of Status Desired: Yes

### 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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title ٧P

Name PASCUCCI, RUDOLPH F. JR. Name FLYNN, PATRICIA K.

Address 7396 PINE PARK DR. S Address 2805 EAST OAKLAND PARK BLVD,

#402

TRUSTEE

City-State-Zip: LAKE WORTH FL 33467 FT. LAUDERDALE FL 33306 City-State-Zip:

Title **TREASURER** 

Name PEDRAZZOLI, BRYAN L. FERDINANDO, PETER DR. Name

Address 3202 SHOMA DR. UNIVERSITY OF NORTH CAROLINA Address

City-State-Zip: WELLINGTON FL 33414 AT CHARLOTTE

9201 UNIVERSITY CITY BLVD. DEPARTMENT OF HISTORY **TRUSTEE** 

Title

CHARLOTTE NC 28223 City-State-Zip: LIZANA, KATIE M. Name

Address 3193 WILSON ST. Title **TRUSTEE** 

City-State-Zip: HOLLYWOOD FL 33021 Name BROWN, WAYNE ESQ.

6393 BLUE BAY CIR. Address Title **TRUSTEE** 

City-State-Zip: LAKE WORTH FL 33467 Name MALOW, BERT H.

Address 381 HAMMOCKS TRL. Title **SECRETARY** 

Name DIXON, ALLAN C JR. City-State-Zip: GREENACRES FL 33413

Address 1134 PARKWAY CT. City-State-Zip: GREENACRES FL 33413

#### Continues on page 2

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.

04/05/2022 SIGNATURE: RUDOLPH F. PASCUCCI, JR. **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TRUSTEE

Name INCANDELA, RICHARD L.

Address 2751 NEATON CT.

City-State-Zip: WELLINGTON FL 33414