#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004159

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

**FILED** Jun 19, 2020 **Secretary of State** 2268605818CC

## **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:

Name

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

LIZANA, KATIE M

Title Title ٧P

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

Address 10300 FOREST HILL BLVD. Address 2805 EAST OAKLAND PARK BLVD,

**SUITE 172** #402

WELLINGTON FL 33414 FT. LAUDERDALE FL 33306 City-State-Zip: City-State-Zip:

TRUSTEE Title Т Title

FERDINANDO, PETER DR. Name PEDRAZZOLI, BRYAN L Name

Address 3202 SHOMA DR. Address UNIVERSITY OF NORTH CAROLINA

> AT CHARLOTTE WELLINGTON FL 33414

City-State-Zip: 9201 UNIVERSITY CITY BLVD. DEPARTMENT OF HISTORY

TRUSTEE Title CHARLOTTE NC 28223 City-State-Zip:

Title **TRUSTEE** 3193 WILSON ST. Address

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

6393 BLUE BAY CIR. Address

Title **TRUSTEE** City-State-Zip: LAKE WORTH FL 33467

Name MOLOW, BERT H Title **TRUSTEE** 

381 HAMMOCKS TRL. Name DIXON, ALLAN C JR.

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

> City-State-Zip: GREENACRES FL 33413

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 F. PASCUCCI, JR.

**PRESIDENT** 

06/19/2020