

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)

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4. FEI Number
06-1745912

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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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 P
NAME PASCUCCI, JR., RUDOLPH F
STREET ADDRESS 3200 PALM TRACE LANDINGS DRIVE, #912
CITY-ST-ZIP DAVIE, FL 33314

TITLE VP
NAME CICHOCKI, FREDERICK DR.
STREET ADDRESS 67 PEARL STREET
CITY-ST-ZIP BATH, ME 04530

TITLE T
NAME FERDINANDO, PETER
STREET ADDRESS 888 NW 45TH STREET
CITY-ST-ZIP POMPANO, FL 33064

TITLE S
NAME FLYNN, PATRICA K
STREET ADDRESS 2805 EAST OAKLAND PARK BLVD, #402
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954905
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

854-295-2329

Daytime Phone #