

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 701164

**Entity Name:** PHILLIP AND PATRICIA FROST MUSEUM OF SCIENCE, INC.

**Current Principal Place of Business:**

1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132

**Current Mailing Address:**

1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132 US

**FEI Number:** 59-0854960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, DOUGLAS  
1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132 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:** DOUGLAS ROBERTS

08/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name ALVAREZ, CESAR L  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR, VC  
Name PFENNIGER, JR., RICHARD C  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title COO  
Name POWERS, GEORGE TREVOR  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title CFO  
Name GILLETTE, AMY  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title SENIOR VICE PRESIDENT  
Name QUINONES, JOSEPH  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title CEO, PRESIDENT  
Name ROBERTS, DOUGLAS  
Address 1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

*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:** AMY GILLETTE

CFO

08/07/2023

Electronic Signature of Signing Officer/Director Detail

Date