

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001094

FILED
Jan 08, 2015
Secretary of State
CC2247718452

Entity Name: NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

11770 US HWY ONE
SUITE 303
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11770 US HWY ONE
SUITE 303
NORTH PALM BEACH, FL 33408

FEI Number: 57-1154352

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCDONALD, PATRICIA
11770 US HWY ONE
SUITE 303
NORTH PALM BEACH, FL 33408 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 DIRECTOR, CHAIRMAN
Name NICKLAUS, BARBARA
Address 11780 US HWY ONE, STE 500
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, CHAIRMAN
Name NICKLAUS, JACK W
Address 11780 US HWY ONE, STE 500
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, TREASURER
Name BREMER, PAUL C
Address 176 SATINWOOD LANE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT, CEO
Name MCDONALD, PATRICIA
Address 11770 US HWY ONE, STE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, SECRETARY
Name VOGELANG, STEPHEN
Address 777 SOUTH FLAGLER DRIVE, STE 500
EAST
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR, VC
Name CORBETT, JEANNETTE
Address 11770 US HWY ONE, STE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name BEATY, KEITH
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, VC
Name BRACCI, MIKE
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

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.

SIGNATURE: PATRICIA MCDONALD

PRESIDENT

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOUGLAS, RICHARD DR.
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name GRAY, GORDON
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name MILSTEIN, HOWARD
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name O'LEARY, NAN
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name VIZZA, ROBERT DR.
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name ERDMANN, LISA
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name LUCKS, JACK
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name NICKLAUS, STEVE
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name PASCUCCI, MICHAEL
Address 11770 US HWY ONE
SUITE 303
City-State-Zip: NORTH PALM BEACH FL 33408