

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001094

Entity Name: NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.**FILED**
Jan 08, 2015
Secretary of State
CC2247718452**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	VOGELSANG, 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