

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005470

**Entity Name:** NICHOLAS DWORET MEMORIAL FUND, INC.

**Current Principal Place of Business:**

5415 SW 116TH AVE  
COOPER CITY, FL 33330

**Current Mailing Address:**

5415 SW116TH AVENUE  
COOPER CITY, FL 33330 US

**FEI Number: 83-0560233**

**Certificate of Status Desired: Yes**

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

CHIARELLA, JOSEPH  
5415 SOUTHWEST 116TH AVENUE  
COOPER CITY, FL 33330 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 PD  
Name DWORET, ANNIKA  
Address 9986 NW 23RD CT.  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name NILSSON, NICOLE  
Address 3201 NW 107TH AVE.  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name SEARLE, KATHIE  
Address 12882 SW 26TH ST.  
City-State-Zip: DAVIE FL 33325

Title VP  
Name DWORET, MITCHELL  
Address 9986 NW 23RD CT  
City-State-Zip: CORAL SPRINGS FL 33065

Title SD  
Name CHIARELLA, DARIA  
Address 5415 SW 116TH AVE  
City-State-Zip: COOPER CITY FL 33330

Title TD  
Name CHIARELLA, JOSEPH  
Address 5415 SW 116TH AVE  
City-State-Zip: COOPER CITY FL 33330

*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: JOSEPH CHIARELLA**

**TREASURER**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date