

2020 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 SOUTHWEST 116TH AVENUE
COOPER CITY, FL 33330 US**FEI Number: 83-0560233****Certificate of Status Desired: No****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	SEARLE, KATHY
Address	8566 NW 43RD CT.
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SD
Name	CHIARELLA, DARIA
Address	3613 ASPERWOOD CIR.
City-State-Zip:	COCONUT CREEK FL 33073

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

Title	VP
Name	DWORET, MITCHELL
Address	3613 ASPERWOOD CIR.
City-State-Zip:	COCONUT CREEK FL 33073

Title	TD
Name	CHIARELLA, JOSEPH
Address	3613 ASPERWOOD CIR.
City-State-Zip:	COCONUT CREEK FL 33073

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****06/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date