

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005837

**Entity Name:** WELLINGTON LACROSSE FOUNDATION, INC.

**Current Principal Place of Business:**

500 S. AUSTRALIAN AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

500 S. AUSTRALIAN AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**FEI Number:** 83-0678901

**Certificate of Status Desired:** No

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

MILOCH, THEODORE C II  
500 S. AUSTRALIAN AVE  
SUITE 600  
WEST PALM BEACH, FL 33401 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 P  
Name MILOCH, THEODORE C II  
Address 12782 STONE PINE WAY  
City-State-Zip: WELLINGTON FL 33414

Title SECR  
Name ROBERTS, AMY S  
Address 11762 KNIGHTSBRIDGE PL  
City-State-Zip: WELLINGTON FL 33449

Title P  
Name MILOCH, THEODORE  
Address 500 S. AUSTRALIAN AVE, SUITE 600  
City-State-Zip: WEST PALM BEACH FL 33401

Title TREA  
Name GRANAROLI, SHERI  
Address 1874 STAIMFORD CIRCLE  
City-State-Zip: WELLINGTON FL 33414

*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:** THEODORE C. MILOCH, II

**PRES**

**06/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date