

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 15, 2018
Secretary of State
CC9716518918

Entity Name: AURORA HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

750 W VIRGINIA ST
MILWAUKEE, WI 53204

Current Mailing Address:

750 W VIRGINIA ST
MILWAUKEE, WI 53204

FEI Number: 39-6044569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, TREASURER
Name HANSON, GAIL
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

Title PRESIDENT, DIRECTOR
Name GARCIA-THOMAS, CRISTY
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name POTTS, DENNIS
Address 2900 W. OKLAHOMA AVE.
City-State-Zip: MILWAUKEE WI 53215

Title DIRECTOR
Name KINGSTON, MARY BETH
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

Title SECRETARY
Name LAPPIN, MICHAEL
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

Title ASSISTANT SECRETARY, DIRECTOR
Name HART, RACHELLE
Address 750 W. VIRGINIA STREET
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR
Name DALEN-BARD, JEFFREY
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

Title ASSISTANT TREASURER
Name NELSON, NAN
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204

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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: MICHAEL LAPPIN

SECRETARY

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KILLORAN, CARRIE
Address 975 PORT WASHINGTON ROAD
City-State-Zip: GRAFTON WI 53024

Title ASSISTANT SECRETARY
Name GREBE, MICHAEL
Address 750 W VIRGINIA ST
City-State-Zip: MILWAUKEE WI 53204