

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000683

**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

**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: 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