

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2017
Secretary of State
CC8333409303

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	Title	DIRECTOR, CHAIRMAN, TREASURER
Name	COLMAN, GERARD	Name	HANSON, GAIL
Address	750 W VIRGINIA ST	Address	750 W VIRGINIA ST
City-State-Zip:	MILWAUKEE WI 53204	City-State-Zip:	MILWAUKEE WI 53204
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	GARCIA-THOMAS, CRISTY	Name	POTTS, DENNIS
Address	750 W VIRGINIA ST	Address	2900 W. OKLAHOMA AVE.
City-State-Zip:	MILWAUKEE WI 53204	City-State-Zip:	MILWAUKEE WI 53215
Title	DIRECTOR	Title	SECRETARY
Name	KINGSTON, MARY BETH	Name	LAPPIN, MICHAEL
Address	750 W VIRGINIA ST	Address	750 W VIRGINIA ST
City-State-Zip:	MILWAUKEE WI 53204	City-State-Zip:	MILWAUKEE WI 53204
Title	ASSISTANT SECRETARY, DIRECTOR	Title	DIRECTOR
Name	HART, RACHELLE	Name	DALEN-BARD, JEFFREY
Address	750 W. VIRGINIA STREET	Address	750 W VIRGINIA ST
City-State-Zip:	MILWAUKEE WI 53204	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

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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