2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90281 040 ****61.25

DOCUMENT # N03000001094

1. Entity Name
NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
11780 US HIGHWAY ONE STE 500 NORTH PALM BEACH, FL 33408	11780 US HIGHWAY ONE STE 500 NORTH PALM BEACH, FL 33408

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
927 45th Street	927 45th Street
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: USA	Zip: 33407 Country: USA

4. FEI Number: 57-1154352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOTY, DONNA
11780 US HIGHWAY ONE
STE 500
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: Patricia McDonald
Street Address (P.O. Box Number is Not Acceptable)
NCHCF
927 45th Street, Ste 206
City: West Palm Beach FL Zip Code: 33407

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia McDonald 4.22.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NICKLAUS, BARBARA 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jeannette Corbett 505 South Flagler Dr, Ste 220 West Palm Beach, Fl 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKLAUS, JACK W 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michael Pascucci 270 South Service Rd, Ste 45 Melville, NY 11747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BREMER, PAUL C ~~11780 US HWY, ONE STE 500~~ ~~NORTH PALM BEACH, FL 33408~~ →	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Paul Bremer 176 Satinwood Ln Palm Beach Gardens, Fl 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKLAUS, MICHAEL S 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr. Robert Vizza 3 Maria Lane Old Brookville, NY 11545	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'LEARY, NAN 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr. Richard Douglas 750 Ocean Royale Way #1105 Juno Beach, Fl 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLSAPS, FRED R 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Keith Beaty 16 W. Riverside Dr. Jupiter, Fl 33469	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Bremer 4/26/05 561-845-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.

14010861

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DOTY, DONNA 11780 US HIGHWAY ONE STE 500 NORTH PALM BEACH, FL 33408	Name: Patricia McDonald Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKLAUS, JACK W 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Elizabeth Erdmann 777 South Flagler Dr, Ste 1116 West Palm Beach, Fl 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BREMER, PAUL C 11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #