2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001094

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

Principal Place of Business	Mailing Address
927 45TH STREET SUITE 206 WEST PALM BEACH, FL 33407	927 45TH STREET SUITE 206 WEST PALM BEACH, FL 33407

01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MCDONALD, PATRICIA
NCHCF
927 45TH STREET, SUITE 206
WEST PALM BEACH, FL 33407

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NICKLAUS, BARBARA
STREET ADDRESS	11780 US HWY, ONE STE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	NICKLAUS, JACK W
STREET ADDRESS	11780 US HWY, ONE STE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	DT
NAME	BREMER, PAUL C
STREET ADDRESS	176 SATINWOOD LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	NICKLAUS, MICHAEL S
STREET ADDRESS	11780 US HWY, ONE STE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	O'LEARY, NAN
STREET ADDRESS	11780 US HWY, ONE STE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	CORBETT, JEANNETTE
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, STE 220
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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01/17/07-80079-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia McDonald 1/5/07 561-845-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #