### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001094

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

**FILED** Jan 26, 2016 **Secretary of State** CC5683525613

# **Current Principal Place of Business:**

11770 US HWY ONE SUITE 308

NORTH PALM BEACH, FL 33408

# **Current Mailing Address:**

**11770 US HWY ONE** SUITE 308 NORTH PALM BEACH, FL 33408 US

FEI Number: 57-1154352 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

MCDONALD, PATRICIA **11770 US HWY ONE** SUITE 308

NORTH PALM BEACH, FL 33408 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR, CHAIRMAN Title DIRECTOR, CHAIRMAN Name NICKLAUS, BARBARA Name NICKLAUS, JACK W

11780 US HWY ONE, STE 500 11780 US HWY ONE, STE 500 Address Address City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

PRESIDENT, CEO Title DIRECTOR, TREASURER Title Name MCDONALD, PATRICIA BREMER, PAUL C Name Address 11770 US HWY ONE 176 SATINWOOD LANE Address

SUITE 308

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, SECRETARY Title DIRECTOR, VC VOGELSANG, STEPHEN Name

Name CORBETT, JEANNETTE Address

777 SOUTH FLAGLER DRIVE, STE 500 Address 11770 US HWY ONE **EAST** 

SUITE 308

WEST PALM BEACH FL 33401 City-State-Zip: NORTH PALM BEACH FL 33408

Title **DIRECTOR** Title DIRECTOR, VC BEATY, KEITH Name BRACCI, MIKE Name

11770 US HWY ONE Address Address 11770 US HWY ONE SUITE 308

SUITE 308

NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip:

## 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: PATRICIA MCDONALD

**PRESIDENT** 

01/26/2016

## Officer/Director Detail Continued:

Title DIRECTOR

Name DOUGLAS, RICHARD DR.

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name GRAY, GORDON

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name MILSTEIN, HOWARD

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name O'LEARY, NAN

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name VIZZA, ROBERT DR.

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name ERDMANN, LISA

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name LUCKS, JACK

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name NICKLAUS, STEVE

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR

Name PASCUCCI, MICHAEL

Address 11770 US HWY ONE

SUITE 308

City-State-Zip: NORTH PALM BEACH FL 33408