

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

DOCUMENT# N06000002885

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC0289445032**

**Entity Name:** THE ERIC DOLCH CHILDREN'S ENCEPHALITIS FOUNDATION, INC.

**Current Principal Place of Business:**

11770 U.S. HIGHWAY ONE  
SUITE 303  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11770 US HIGHWAY ONE  
STE 303  
NORTH PALM BEACH, FL 33408 US

**FEI Number: 71-1000374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORRIS, DAVID B  
712 US HWY 1 SUITE 400  
N 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ESPY, ALAN  
Address 31 MARINA GARDENS DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name MURPHY, KEVIN  
Address 245 GOLFOVIEW DRIVE  
City-State-Zip: TEQUESTA FL 33469

Title D  
Name NORRIS, DAVID  
Address 131 DAVIT DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title D  
Name PEPPER, DOTTIE  
Address P.O. BOX 623  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title D  
Name ROSAFORTE, TIM  
Address 109 MARLBERRY CIRCLE  
City-State-Zip: JUPITER FL 33458

Title D  
Name VAN DE WATER, AVA  
Address 164 WORTH COURT SO  
City-State-Zip: WEST PALM BEACH FL 33405

Title D  
Name DOLCH, CRAIG  
Address 511 LUCERNE AVENUE  
NO. 402  
City-State-Zip: LAKE WORTH FL 33460

Title D  
Name BROWNE, OLIN  
Address P.O. BOX 4148  
City-State-Zip: JUPITER FL 33468

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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: CRAIG DOLCH**

**DIRECTOR**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name CARBONE, EDDIE  
Address 37 CAYMAN PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name LAUGHLIN, ART  
Address 1111 N. CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33409

Title D  
Name PEARD, FRANK  
Address 3820 JOHNSON AVENUE  
City-State-Zip: WESTON SPRINGS IL 60558

Title D  
Name PRICE, NICK  
Address 900 S. U.S. HIGHWAY ONE  
SUITE 204  
City-State-Zip: JUPITER FL 33477

Title D  
Name KENNERLY, KEN  
Address 3300 PGA BOULEVARD  
SUITE 800  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name NICKLAUS, BARBARA  
Address 12217 W. END  
City-State-Zip: NORTH PALM BEACH FL 33408

Title D  
Name POMAR, GIL III  
Address 4751 ALGONQUIN AVENUE  
City-State-Zip: JACKSONVILLE FL 32210