

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2018
Secretary of State
CC1112748145

Entity Name: CATHERINE'S HOPE FOR A CURE, INC.

Current Principal Place of Business:

566 NW 7TH AVE
BOCA RATON, FL 33486

Current Mailing Address:

566 NW 7TH AV
BOCA RATON, FL 33486 US

FEI Number: 27-2503933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABBOTT HOROWITZ, CATHERINE
566 NW 7TH AVE
BOCA RATON, FL 33486 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: CATHERINE ABBOTT HOROWITZ

04/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN
Name HOROWITZ, CATHERINE
Address 566 NW 7TH AVE
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR, SECRETARY
Name MCNALLY SINGER, CARA
Address 283 FERN PALM ROAD
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR, VP
Name OTTO, DOROTHY
Address 15432 TALL OAK AVE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR, TREASURER
Name SMITH, MATTHEW C
Address 11025 RCA CENTER
SUITE 401
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name WALKER, STEPHEN E
Address 202 BANYAN BOULEVARD
SUITE 400
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name BERNSTEIN, JANELLA
Address 1020 SEASAGE DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name DEUTSCH, DONNY
Address 6 EAST 78TH STREET
City-State-Zip: NEW YORK NY 10075

Title DIRECTOR
Name GERSON WARTELL, MICHELLE
Address 252 7TH AVE
APT 9-0
City-State-Zip: NEW YORK NY 10001

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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: CATHERINE HOROWITZ

DIRECTOR

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SKLAR, ANDREA
Address 287 BAYBERRY LANE
City-State-Zip: WESTPORT CT 06880

Title DIRECTOR
Name CARRARA, JOSEPH
Address 2901 CLINT MOORE ROAD
 406
City-State-Zip: BOCA RATON FL 33496