

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004123

**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

04/24/2015

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

**PRESIDENT**

04/24/2015

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