

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215510287

1.) CORPORATION NAME:

Nicklaus Children's Health Care Foundation, Inc.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC
6802 PARAGON PLACE SUITE 410
RICHMOND, VA**

SCC ID NO: **F1928334**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11770 U.S. HIGHWAY ONE
STE 303

CITY/ST/ZIP: NORTH PALM BEACH, FL 33408

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA MCDONALD	
TITLE:	PRESIDENT	
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	
CITY/ST/ZIP/CO:	NORTH PALM BEACH, FL 33408	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL BREMER	
TITLE:	TREASURER	
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	
CITY/ST/ZIP/CO:	NORTH PALM BEACH, FL 33408	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL BRACCI	
TITLE:	VICE CHAIRMAN	
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	
CITY/ST/ZIP/CO:	NORTH PALM BEACH, FL 33408	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEANNETTE CORBETT	
TITLE:	VICE CHAIRMAN	
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	
CITY/ST/ZIP/CO:	NORTH PALM BEACH, FL 33408	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA NICKLAUS	
TITLE:	CHAIRMAN	
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	
CITY/ST/ZIP/CO:	NORTH PALM BEACH, FL 33408	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE VOGELSANG SECRETARY NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH BEATY DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DOUGLAS DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA ERDMANN DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON GRAY DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK LUCKS DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD MILSTEIN DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK W NICKLAUS DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE NICKLAUS DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAN O'LEARY DIRECTOR NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MICHAEL PASCUCCI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION		
CITY/ST/ZIP/CO:	11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408		

NAME:	ROBERT VIZZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION		
CITY/ST/ZIP/CO:	11770 US HIGHWAY ONE, STE 303 NORTH PALM BEACH, FL 33408		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PATRICIA MCDONALD	PATRICIA MCDONALD,	3/19/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.