

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90022 021 \*\*\*\*61.25



**DOCUMENT # N00000005487**  
 1. Entity Name  
**DANIELLE DEMARZO FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
 8971 NORTHWEST 13 COURT      POB 771675  
 CORAL SPRINGS FL 33071      POMPANO BEACH FL 33077



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 771675**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State  
**Coral Springs, FL**  
 Zip      Country      Zip      Country  
**33077**

4. FEI Number      Applied For  
**31-1805378**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEMARZO, JEANNIE**  
**8971 NORTHWEST 13 COURT**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PF	<input type="checkbox"/> Delete
NAME	DEMARZO, JEANNIE	
STREET ADDRESS	8971 NW 13 CT	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMARZO, FRANK JR	
STREET ADDRESS	8971 NW 13 CT	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEMARZO, DANIELLE	
STREET ADDRESS	8971 NW 13 CT	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEMARZO, JENNIFER M	
STREET ADDRESS	8971 NW 13 CT	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, DAISEY	
STREET ADDRESS	1640 W. OAK KNOLL CIRCLE	
CITY- ST- ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDARANO, CARMINE DR	
STREET ADDRESS	46 DUNE CRT	
CITY- ST- ZIP	NORTHPORT NY 11768	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer DeMarzo Casso	
STREET ADDRESS	1070 SE 6 Terrace	
CITY- ST- ZIP	Pompano Beach, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannie DeMarzo* Jeannie DeMarzo, President 2/23/07 954-515-5556

ATTACHMENT

40027223

#100060005487

DANIELLE DEMARZO FOUNDATION, INC.  
EIN: 31-1805378

Officers and Directors 2007

PRESIDENT

Jeannie DeMarzo  
8971 NW 13 Court  
Coral Springs, FL 33071

VICE PRESIDENT

Frank DeMarzo  
8971 NW 13 Court  
Coral Springs, FL 33071

SECRETARY

Danielle DeMarzo  
8971 NW 13 Court  
Coral Springs, FL 33071

TREASURER

Jennifer DeMarzo Casso  
1070 SE 6 Terrace  
Pompano Beach, FL 33060

DIRECTOR

Jodi Antonoff  
11109 Delta Circle  
Boca Raton, FL 33428

DIRECTOR

Pat Lang  
11014 SW 11 Place  
Davie, FL 33324

DIRECTOR

Daisy Cohen  
1640 W. Oak Knoll Circle  
Fort Lauderdale, FL 33324

DIRECTOR

Dr. Janet Silverstein  
University of Florida  
Box J-296  
J. Hillis Health Center  
Gainesville, FL 33610

DIRECTOR

Dr. Carmine Mandarano  
46 Dune Court  
Northport, NY 11768