


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 004 \*\*\*\*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. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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

4. FEI Number **31-1805378** Applied For  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent with title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PF DEMARZO, JEANNIE 8971 NW 13 CT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMARZO, FRANK JR 8971 NW 13 CT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMARZO, DANIELLE 8971 NW 13 CT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMARZO CASSO, JENNIFER 1070 SE 6TH TERR POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DAISEY 1640 W. OAK KNOLL CIRCLE FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDARANO, CARMINE DR 46 DUNE CRT NORTHPORT NY 11768	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Danielle DeMarzo</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jennifer DeMarzo-Casso</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 03/08/2008

**ATTACHMENT**

40048158

**DANIELLE DEMARZO FOUNDATION, INC.**  
**EIN: 31-1805378**  
**DOCUMENT #N00000005487**

**Officers and Directors 2008**

**PRESIDENT**

**Jeannie DeMarzo**  
**8971 NW 13 Court**  
**Coral Springs, FL 33071**

**VICE PRESIDENT**

**Frank DeMarzo**  
**8971 NW 13 Court**  
**Coral Springs, FL 33071**

**SECRETARY**

**Dr. 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**