

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

DOCUMENT# N00000005487

**Entity Name:** DANIELLE DEMARZO FOUNDATION, INC.

**Current Principal Place of Business:**

8971 NORTHWEST 13 COURT  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771675  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

**FEI Number:** 31-1805378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMARZO, JEANNIE  
8971 NORTHWEST 13 COURT  
CORAL SPRINGS, FL 33071    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PF  
**Name:** DEMARZO, JEANNIE  
**Address:** 8971 NW 13 CT  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** VD  
**Name:** DEMARZO, FRANK JR  
**Address:** 8971 NW 13 CT  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** SD  
**Name:** DEMARZO, DANIELLE DR.  
**Address:** 8971 NW 13 CT  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** TD  
**Name:** DEMARZO-CASSO, JENNIFER  
**Address:** 1070 SE 6TH TERR  
**City-St-Zip:** POMPANO BEACH, FL 33060

**Title:** D  
**Name:** COHEN, DAISEY  
**Address:** 1640 W. OAK KNOLL CIRCLE  
**City-St-Zip:** FORT LAUDERDALE, FL 33324

**Title:** D  
**Name:** MANDARANO, CARMINE DR  
**Address:** 46 DUNE CT  
**City-St-Zip:** NORTHPORT, NY 11768

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: JEANNIE DEMARZO

PF

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

N00000005487  
4-14-12

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

**OFFICERS AND DIRECTORS 2012**

**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**

**Lisa Mandarano**  
**46 Dune Place**  
**Northport, NY 11768**

**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**