

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005487

**FILED
Mar 27, 2020
Secretary of State
2982571034CC**

Entity Name: DANIELLE DEMARZO FOUNDATION, INC.

Current Principal Place of Business:

8971 NORTHWEST 13 COURT
CORAL SPRINGS, FL 33071

Current Mailing Address:

P.O. BOX 771675
CORAL SPRINGS, FL 33077

FEI Number: 31-1805378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMARZO, JEANNIE
8971 NORTHWEST 13 COURT
CORAL SPRINGS, FL 33071 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title D
Name FERENGE, LISSETTE
Address 11005 SW 11 PLACE
City-State-Zip: DAVIE FL 33324

Title D
Name BERGER, GLORIA
Address 935 NW 202 LANE
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR
Name MANDARANO, LISA
Address 46 DUNE COURT
City-State-Zip: NORTHPORT NY 11768

Title DIRECTOR
Name ANTONOFF, JODI
Address 11109 DELTA CIRCLE
City-State-Zip: BOCA RATON FL 33428

Continues on page 2

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

PRESIDENT

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SILVERSTEIN, JANET DR.
Address UNIVERSITY OF FLORIDA
 BOX J-296 J. HILLIS HEALTH CENTER
City-State-Zip: GAINESVILLE FL 33610