#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005487

Entity Name: DANIELLE DEMARZO FOUNDATION, INC.

FILED Feb 18, 2024 Secretary of State 0631068206CC

### **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 Title VD

Name DEMARZO, JEANNIE Name DEMARZO, FRANK JR

Address 8971 NW 13 CT Address 8971 NW 13 CT

City-State-Zip: CORAL SPRINGS FL 33071 City-State-Zip: CORAL SPRINGS FL 33071

Title SD Title TD

Name DEMARZO, DANIELLE DR. Name DEMARZO-CASSO, JENNIFER

Address 8971 NW 13 CT Address 1070 SE 6TH TERR

City-State-Zip: CORAL SPRINGS FL 33071 City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR Title DIRECTOR

NameFERENCE, LISSETTENameBERGER, GLORIAAddress11005 SW 11 PLACEAddress935 NW 202 LANE

City-State-Zip: DAVIE FL 33324 City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR Title DIRECTOR

NameMANDARANO, LISANameANTONOFF, JODIAddress1779 LONG BEACH DRIVEAddress11109 DELTA CIRCLECity-State-Zip:BIG PINE KEY FL 33043City-State-Zip:BOCA RATON FL 33428

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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** 

02/18/2024

# Officer/Director Detail Continued:

Title DIRECTOR

Name SILVERSTEIN, JANET DR.

Address 1932 NW 24 STREET

City-State-Zip: GAINESVILLE FL 32605