

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2015

**Secretary of State
CC6973191144**

DOCUMENT# N00000005487

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 COHEN, DAISEY
Address 1640 W. OAK KNOLL CIRCLE
City-State-Zip: FORT LAUDERDALE FL 33324

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

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

03/10/2015

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