

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**4836263179CC**

*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

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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**

**04/08/2022**

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