

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005487

**FILED**  
**Feb 09, 2023**  
**Secretary of State**  
**9899782841CC**

**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 DIRECTOR  
Name FERENCE, LISSETTE  
Address 11005 SW 11 PLACE  
City-State-Zip: DAVIE FL 33324

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

Title DIRECTOR  
Name MANDARANO, LISA  
Address 1779 LONG BEACH DRIVE  
City-State-Zip: BIG PINE KEY FL 33043

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**

**02/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SILVERSTEIN, JANET DR.  
Address        1932 NW 24 STREET  
City-State-Zip: GAINESVILLE FL 32605