

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009308

**Entity Name:** WHITNEY LEE DECARLO FOUNDATION, INC.

**Current Principal Place of Business:**

6057 LADY BET DRIVE  
FALSE  
ORLANDO, FL 32819

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC6505672145**

**Current Mailing Address:**

PO BOX 219  
WINDERMERE, FL 34786

**FEI Number: 36-4654425**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DECARLO, STACEY  
6057 LADY BET DRIVE.  
ORLANDO, FL 32819 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 P  
Name DECARLO, STACEY  
Address PO BOX 219  
City-State-Zip: WINDERMERE FL 34786

Title T  
Name DECARLO, DENNIS  
Address PO BOX 219  
City-State-Zip: WINDERMERE FL 34786

Title S  
Name DECARLO, MEGAN  
Address PO BOX 219  
City-State-Zip: WINDERMERE FL 34786

Title VP  
Name DECARLO, ANDREW  
Address PO BOX 219  
City-State-Zip: WINDERMERE FL 34786

Title VC  
Name FORZANO, RICHARD E  
Address 3216 INTELAKEN RD.  
City-State-Zip: ORCHARD LAKE MI 48323

*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: STACEY M DECARLO**

**PRESIDENT**

**02/29/2016**

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

\_\_\_\_\_  
Date