

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003950

FILED
Jan 08, 2015
Secretary of State
CC2951806924

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.

Current Principal Place of Business:

9110 WEST STATE ROAD 84
DAVIE, FL 33324

Current Mailing Address:

9110 WEST STATE ROAD 84
DAVIE, FL 33324 US

FEI Number: 90-0470243

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZELMAN, DEBRA L
9110 WEST STATE ROAD 84
DAVIE, FL 33324 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 PRESIDENT
Name ZELMAN, DEBRA L
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title SECRETARY
Name ZELMAN, MADELYN L.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name BOSTICK, CIARA L
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name HERZFELD, MADELYN T.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title COMMUNICATIONS CHAIR
Name BOND, SUSAN H
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title VP
Name CHALIK, JASON
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name KAPP, STUART T.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name MARKS, STEVEN M.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

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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: DEBRA L. ZELMAN

PRESIDENT

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHELLER, LIBIA F.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title TREASURER
Name KAPLAN, IRA D.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name LEVY, MARSHA
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title VP
Name TUSCHMAN, RICHARD D.
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name THOMSEN, KATHLEEN
Address 9110 WEST STATE ROAD 84
City-State-Zip: DAVIE FL 33324