

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000003950

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.

Current Principal Place of Business:

TWO SOUTH UNIVERSITY DRIVE, SUITE 326
PLANTATION, FL 33324

Current Mailing Address:

TWO SOUTH UNIVERSITY DRIVE, SUITE 326
PLANTATION, FL 33324 US

FEI Number: 90-0470243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDESN, FL 33410 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, DIRECTOR
Name ZELMAN, DEBRA
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title SECRETARY, DIRECTOR
Name ZELMAN, MADELYN
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, TREASURER
Name KAPLAN, IRA
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, VP
Name TUSCHMAN, RICHARD
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name BOSTICK, CIARA
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name EHREN, MICHAEL
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name GREENBERGER, STEPHEN
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name HERZFELD, MADELYN
Address TWO SOUTH UNIVERSITY DRIVE,
 SUITE 326
City-State-Zip: PLANTATION 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: MADELYN ZELMAN

**SECRETARY, BY
KATHLEEN A. LANGE,
ATTORNEY-IN-FACT**

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAPP, STUART
Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name LEVY, MARSHA
Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name SCHELLER, LIBIA PHD, MBA
Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name KUBILIUN, DAVID
Address TWO SOUTH UNIVERSITY DRIVE,
SUITE 326
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name PETERSON, CYNTHIA
Address TWO SOUTH UNIVERSITY DRIVE,
SUITE 326
City-State-Zip: PLANTATION FL 33324