2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003950

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.

FILED
Jan 31, 2018
Secretary of State
CC5524509905

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 Title SECRETARY

Name EHREN, MICHAEL ESQ. Name ZELMAN, MADELYN L MED

Address TWO SOUTH UNIVERSITY DRIVE, Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326 SUITE 326

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title TREASURER Title VP

Name KAPLAN, IRA D CPA Name PETERSON, CYNTHIA

Address TWO SOUTH UNIVERSITY DRIVE, Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title DIRECTOR

Name BRIN, MICHAEL R CFP, MBA Name CHALIK, JASON ESQ.

Address TWO SOUTH UNIVERSITY DRIVE, Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326 SUITE 326

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title DIRECTOR

Name GENDLER, LINDA Name GIUSTI, GIORDANNA

Address TWO SOUTH UNIVERSITY DRIVE, Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326 SUITE 326

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Continues on page 2

SUITE 326

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: MICHAEL EHREN PRESIDENT 01/31/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name GREENBERGER, STEPHEN C MAS

Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name KAPP, STUART T ESQ.

Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name LEVY, MARSHA MEDD

Address TWO SOUTH UNIVERSITY DRIVE, SUITE 326

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Title DIRECTOR

Name PERRILLO, JONATHAN A MBA

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Title DIRECTOR

Name SCHELLER, LIBIA F PHD, MBA

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City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name GELLER, MIKE MS-MIS

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City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name SANCHEZ, NOEMI

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City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name HERZFELD, MADELYN T RN

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SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name KUBILIUN, DAVID M ESQ.

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SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name NASH, JOHN CPA

Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name RUSCH, CLAY CPA

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Title DIRECTOR

Name SNYDER, CHARLES MA, MFA

Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name GASSEW, ELIZABETH RN

Address TWO SOUTH UNIVERSITY DRIVE,

SUITE 326

City-State-Zip: PLANTATION FL 33324