

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003950

**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:** No**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            VP  
Name            MOSELLE, ROBIN S  
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            TREASURER  
Name            BRUCKNER, MITCHELL W  
Address        9110 WEST STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

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

Title            BOARD MEMBER  
Name            KAPP, STUART T.  
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****01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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