

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003950

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.**Current Principal Place of Business:**801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408**Current Mailing Address:**PO BOX 9867
FORT LAUDERDALE, FL 33310-9867 US**FEI Number:** 90-0470243**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 EHREN, MICHAEL ESQ.
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name GASSEW, ELIZABETH RN
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name VINCELLI, MELANI
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name ALFRED, ELKIN
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name GELLER, MIKE MS-MIS
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name LEONARD, CHRISTINA
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name MELEN, STEVE
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name GENDLER, RICHARD
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

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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: MICHAEL EHREN**PRESIDENT****01/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUTTMAN, ANDREW
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name ROYER, REBECCA
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name BEAUCHAMP, ADRIANYS
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name CLINTON, NIAMH
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name MEARS, MEKA
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name SHER, MONICA
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name HIGGINS-SPIERS, JENNIFER
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867

Title DIRECTOR
Name KREIS, KIRK
Address PO BOX 9867
City-State-Zip: FORT LAUDERDALE FL 33310-9867