#### 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000003950

Entity Name: DEBBIE'S DREAM FOUNDATION, INC.

**FILED** Jan 27, 2016 Secretary of State CC3974531903

# **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 ZELMAN, DEBRA Name ZELMAN, MADELYN

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 VΡ Title **TREASURER** 

Name KAPLAN, IRA Name TUSCHMAN, RICHARD

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

BOSTICK, CIARA EHREN, MICHAEL Name Name

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 GREENBERGER, STEPHEN Name HERZFELD, MADELYN

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

> SUITE 326 **SUITE 326**

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

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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.

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

01/27/2016

SIGNATURE: MADELYN ZELMAN

### 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