

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009686

**FILED**  
**Jan 08, 2019**  
**Secretary of State**  
**7051183578CC**

**Entity Name:** THE DAWN BRANCHEAU FOUNDATION, INC.

**Current Principal Place of Business:**

9030 VIA BELLA NOTTE  
ORLANDO, FL 32836

**Current Mailing Address:**

9030 VIA BELLA NOTTE  
ORLANDO, FL 32836 US

**FEI Number:** 27-3700500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FROGAMENI, DEBORAH  
9030 VIA BELLA NOTTE  
ORLANDO, FL 32836 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 D  
Name LOVERDE, THOMAS J  
Address 1181 N. DUSTIN LANE  
City-State-Zip: CHANDLER AZ 85226

Title D  
Name BRANCHEAU, SCOTT A  
Address 5035 BULLIS ROAD  
City-State-Zip: ST. CLOUD FL 34772

Title D  
Name FROGAMENI, ANTHONY D. IV  
Address 3329 E. BAYAUD AVE. APT. 1516A  
City-State-Zip: DENVER CO 80209

Title D  
Name GROSS, DIANE M  
Address 1527 TANGLEWOOD DRIVE  
City-State-Zip: SCHERERVILLE IN 46375

Title D  
Name KLAGES, DARLYNE A  
Address 2903 FLOSSMOOR ROAD  
City-State-Zip: FLOSSMOOR IL 60422

Title D  
Name LOVERDE, MARION  
Address 1244 POPPYFIELD PLACE  
City-State-Zip: SCHERERVILLE IN 46375

Title D  
Name LOVERDE, C. VINCENT IV  
Address 10439 S. HAMILTON  
City-State-Zip: CHICAGO IL 60643

*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:** DARLYNE KLAGES

**TREASURER**

**01/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date