

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009686

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 |

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

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|-----------------|--------------------------------|
| 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 |

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

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|-----------------|------------------------|
| 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****01/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date