

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006952

Entity Name: DELIVER THE DREAM, INC.**Current Principal Place of Business:**3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309**Current Mailing Address:**3223 NW 10TH TERRACE
SUITE 602
FORT LAUDERDALE, FL 33309**FEI Number:** 65-0881619**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, 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 CEO
Name WITHROW, PAUL
Address 3223 NW 10TH TERRACE SUITE 602
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name JORDAN, JOSHUA
Address 10 NORTH FEDERAL HIGHWAY
City-State-Zip: POMPANO BEACH FL 33062

Title CHAIRMAN, OFFICER
Name CIANO, CHRISTOPHER
Address 1340 CONCORD TERRACE
City-State-Zip: FT. LAUDERDALE FL 33323

Title OTHER
Name MORAN, PAT
Address 3223 NW 10TH TERRACE
SUITE 602
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name STONE, JUSTIN
Address 401 E. LAS OLAS BLVD., SUITE 1100
City-State-Zip: FORT LAUDERDALE FL 33301

Title CFO
Name PIPOLO, ALYSON
Address 11645 BELLE HAVEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title SECRETARY, TREASURER, OFFICER
Name PHILLIPS, KELLY
Address 1301 INTERNATIONAL PARKWAY
SUITE 300
City-State-Zip: FT. LAUDERDALE FL 33323

Title OTHER
Name RUBIN-SILLS, HOLLY C
Address 1001 BAY ROAD UNIT 101A
City-State-Zip: VERO BEACH FL 33442

Continues on page 2

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: ALYSON PIPOLO

CFO

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOCKWOOD, SCOTT
Address 5810 CORAL RIDGE DRIVE SUITE 300
City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR
Name SCILEPPI, DAVID
Address 450 EAST LAS OLAS BLVD.
SUITE 1400
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name MITCHELL, MICHAEL
Address 400 NORTH FEDERAL HIGHWAY
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name MCKIERNAN, MICHAEL
Address 899 WEST CYPRESS CREEK ROAD
City-State-Zip: FT. LAUDERDALE FL 33062

Title DIRECTOR
Name LESSNE, MICHAEL
Address 401 EAST LAS OLAS BLVD.
SUITE 1000
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name SCUTERO, VITO
Address 5810 CORAL RIDGE DRIVE
SUITE 250
City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR
Name GENCARELLI, DIANE
Address 4960 CONFERENCE WAY NORTH
#100
City-State-Zip: BOCA RATON FL 33341