

**2020 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 CIANO, CHRISTOPHER  
Address 1340 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

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

Title DIRECTOR  
Name LOCKWOOD, SCOTT  
Address 1340 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title CFO  
Name PIPOLO, ALYSON  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

Title OFFICER, CHAIRMAN  
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 32963

Title DIRECTOR  
Name MOSTAL, SHAWN  
Address 1301 INTERNATIONAL PARKWAY  
SUITE 300  
City-State-Zip: FORT LAUDERDALE FL 33323

**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

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SEYFERT, JILL  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

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

Title DIRECTOR  
Name ELDRIDGE, ERICK  
Address 1 SEMINOLE WAY  
City-State-Zip: HOLLYWOOD FL 33314

Title DIRECTOR  
Name GARCIA, ANDRES  
Address 17780 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name TIRADOR, JOSE  
Address 1845 HOLLYWOOD BLVD.  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name STAFFORD, ROBERT  
Address 800 CORPORATE DRIVE  
SUITE 408  
City-State-Zip: FORT LAUDERDALE FL 33334

Title DIRECTOR  
Name BALK, JEFFREY  
Address 4801 SOUTH UNIVERSITY DRIVE  
#129-A  
City-State-Zip: DAVIE FL 33328

Title SECRETARY, TREASURER, OFFICER  
Name LEVINE, ARTHUR  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name SWEREDOSKI, MELISSA  
Address 300 SW 1ST AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33301