

**2023 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 KOHLER, MAUREEN  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP  
Name CIANO, CHRISTOPHER  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

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 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT  
Name TIRADOR, JOSE  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MEMBER  
Name PHILLIPS, KELLY  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

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

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

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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.*

**SIGNATURE:** MAUREEN KOHLER**EXECUTIVE DIRECTOR****03/27/2023**

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 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

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

Title TREASURER  
Name PAWAROO, PERRY  
Address 3223 NW 10TH TERRACE  
SUITE 602  
City-State-Zip: FORT LAUDERDALE FL 33309

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

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

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

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

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