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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003554 (1)

1. Corporation Name

DARDEN RESTAURANTS, INC. FOUNDATION



Principal Place of Business

Mailing Address

5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809

POST OFFICE BOX 593330
ORLANDO FL 32859-3330

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number
59-3332929

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARDEN RESTAURANTS, INC.
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME LEE, JOHN R
STREET ADDRESS 7550 HINSON COURT STE 12-C
CITY-ST-ZIP ORLANDO FL 32819

1.1 TITLE CD Change Addition
1.2 NAME Lee, Joe. R.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME O'HARA, JEFFREY J
STREET ADDRESS 5404 MONTERREY CLUB COURT
CITY-ST-ZIP WINDERMERE FL 34786

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME SWEATT, BLAINE III
STREET ADDRESS 8983 CRICHTON WOODS DRIVE
CITY-ST-ZIP ORLANDO FL 32819

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WALSH, RICHARD J
STREET ADDRESS 2401 NORFOLK ROAD
CITY-ST-ZIP ORLANDO FL 32803

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME WHITEHILL, CLIFFORD L
STREET ADDRESS 3746 MEADOWBROOK LANE
CITY-ST-ZIP ORLANDO FL 32819

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* CLIFFORD L. Whitehill

1/24/97

(407) 245-5584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010127

CR2E037 (9/96)