


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 018 ****61.25

DOCUMENT # N95000003554

1. Entity Name
DARDEN RESTAURANTS, INC. FOUNDATION



Principal Place of Business
**5900 LAKE ELLENOR DRIVE
 ORLANDO, FL 32809**

Mailing Address
**POST OFFICE BOX 593330
 ORLANDO, FL 32859**

94018984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3332929

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	LEE, JOE. R.	
STREET ADDRESS	7550 HINSON COURT STE 12-C	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OTIS, CLARENCE JR.	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALSH, RICHARD J	
STREET ADDRESS	2401 NORFOLK ROAD	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIVES, PAULA J	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	AST	<input type="checkbox"/> Delete
NAME	DEYOUNG, PATTY	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HARRINGAN, PATRICK	
STREET ADDRESS	6100 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO, FL 32809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dimopoulos, Linda	
STREET ADDRESS	5900 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walker, Anthony	
STREET ADDRESS	6100 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Hanning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____