

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003554

**Entity Name:** DARDEN RESTAURANTS, INC. FOUNDATION

**FILED**  
**Feb 26, 2018**  
**Secretary of State**  
**CC2685451683**

**Current Principal Place of Business:**

1000 DARDEN CENTER DRIVE  
CORP TAX DEPT  
ORLANDO, FL 32837

**Current Mailing Address:**

1000 DARDEN CENTER DRIVE  
CORP TAX DEPT  
ORLANDO, FL 32837

**FEI Number: 59-3332929**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410 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 TRUSTEE, ASST. TREASURER  
Name WHITE, WILLIAM R III  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title SECRETARY, TRUSTEE  
Name BROAD, MATTHEW R  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title TREASURER, TRUSTEE  
Name CARDENAS, RICARDO  
Address 1000 DARDEN CENTER DRIVE  
CORP TAX DEPT  
City-State-Zip: ORLANDO FL 32837

Title VP  
Name CONNELLY, SUSAN M  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title PRESIDENT, CHAIRMAN, TRUSTEE  
Name LEE, EUGENE I JR.  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title ASST. SECRETARY  
Name MORROW, ANTHONY G  
Address 1000 DARDEN CENTER DRIVE  
CORP TAX DEPT  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR, ASST. SECRETARY  
Name GHERTNER, STEPHANIE L  
Address 1000 DARDEN CENTER DRIVE  
CORP TAX DEPT  
City-State-Zip: ORLANDO FL 32837

*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: STEPHANIE L. GHERTNER**

**DIRECTOR, ASST.  
SECRETARY**

**02/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date