#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003554

Entity Name: DARDEN RESTAURANTS, INC. FOUNDATION

FILED Feb 15, 2024 Secretary of State 0742477642CC

## **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. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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 Title TRUSTEE

Name SIMMONS, ANGELA M Name BROAD, MATTHEW R

Address 1000 DARDEN CENTER DRIVE Address 1000 DARDEN CENTER DRIVE

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title TRUSTEE Title PRESIDENT

Name CARDENAS, RICARDO Name CONNELLY, SUSAN M

Address 1000 DARDEN CENTER DRIVE Address 1000 DARDEN CENTER DRIVE

CORP TAX DEPT

City-State-Zip: ORLANDO FL 32837

Title CHAIRMAN, TRUSTEE ... SECRETARY

Name LEE, EUGENE I JR.

Name MORROW, ANTHONY G

Address 1000 DARDEN CENTER DRIVE

Address 1000 DARDEN CENTER DRIVE CORP TAX DEPT

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title TRUSTEE, DIRECTOR, ASST. Title TRUSTEE

SECRETARY Name VENNAM, RAJESH

Name GHERTNER, STEPHANIE L Address 1000 DARDEN CENTER DRIVE

1000 DARDEN CENTER DRIVE CORP TAX DEPT

CORP TAX DEPT City-State-Zip: ORLANDO FL 32837

City-State-Zip: ORLANDO FL 32837

Address

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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: ANGELA M SIMMONS TRUSTEE 02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASST. TREASURER

Name RUSH, ANDREW T

Address 1000 DARDEN CENTER DR

City-State-Zip: ORLANDO FL 32837

Title ASST. SECRETARY

Name ISAIA, MONE L

Address 1000 DARDEN CENTER DR

City-State-Zip: ORLANDO FL 32837

Title TREASURER

Name BROPHY, SCOTT C

Address 1000 DARDEN CENTER DR

City-State-Zip: ORLANDO FL 32837