

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003491

1. Entity Name

DAISY FOUNDATION, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91312 010 ****70.00

00114441



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1993 IRON BRIDGE RD
MARIANNA FL 32448

1993 IRON BRIDGE RD
MARIANNA FL 32448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1796773

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMON, J SHAD
4450 LAFAYETTE ST
MARIANNA FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CLARK, MANUELLA C ☐ Delete
STREET ADDRESS 1993 IRON BRIDGE RD
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME HARRIS, LOUIS ☐ Delete
STREET ADDRESS 2603 HWY 73
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME HARRIS, LORI ☐ Delete
STREET ADDRESS 2603 HWY 73
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STOUTAMIRE, KENNETH ☐ Delete
STREET ADDRESS P O BOX 547
CITY-ST-ZIP MALONE FL 32445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GOODSON, NINA M ☐ Delete
STREET ADDRESS 2883 WILDWOOD CIR
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JONES, BRENDA C ☐ Delete
STREET ADDRESS 110 MISTY FOREST DRIVE
CITY-ST-ZIP FAYETTEVILLE GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Manuella C. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 850 482-8725
Date Daytime Phone #

CR2E037 (9/01)