


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 19 AM 10:55

|                         |   |
|-------------------------|---|
| DOCUMENT # N00000003491 |  |
|-------------------------|---|

1. Entity Name  
DAISY FOUNDATION, INC.

Principal Place of Business  
1993 IRON BRIDGE RD  
MARIANNA, FL 32448

Mailing Address  
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

04192004

Chg-NP

CR2E037 (10/03)

24

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 400035724988  
STREET ADDRESS 05/06/04--01073--022 \*\*70.00  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-20-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-482-8725