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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33014 (4)

1. Corporation Name

DANIEL MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

4203 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

4203 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216-6164



3. Date Incorporated or Qualified
06/28/1989

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2953807

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, DANIEL H
4203 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE
NAME HAYNES, CALDWEL L.
STREET ADDRESS 1049 MAY ST.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME SUMNER, BETH
STREET ADDRESS 32824 MCGIRTS BLVD.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 32824 MCGIRTS BOULEVARD
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME COOK, DANIEL
STREET ADDRESS 3725 BELFORT RD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4203 SOUTHPOINT BOULEVARD
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME MCINTOSH, ANNE
STREET ADDRESS 4063 RIBAULT RIVER LANE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME GILLESPIE, DIANE
STREET ADDRESS UNF - P.O. BOX 17074
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME JOHN WILCHER
5.3 STREET ADDRESS BOX 18017-AHF
5.4 CITY-ST-ZIP JACKSONVILLE, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/12/97 904-296-1832 Daytime Phone 9005636

CR2E037 (9/96)