

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33015

(1)

1. Corporation Name

DANIEL MEMORIAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

3725 BELFORT RD
JACKSONVILLE FL 32216

3725 BELFORT RD
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2953808

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4203 SOUTH POINT BLVD.

26 4203 SOUTH POINT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

Zip

Country

Zip

Country

24 32216

25 DUVAL

29 32216

30 DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under G. 100.022,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, DANIEL H.
3725 BELFORT RD
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BISHOP, PETER S.
STREET ADDRESS 159 PALM VALLEY WOODS DR
CITY - ST - ZIP PONTE VERDE FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE DC
NAME BEVERLY, VIRGINIA O
STREET ADDRESS CIRCUIT COURTHOUSE
CITY - ST - ZIP JACKSONVILLE FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE D
NAME Cus Back
STREET ADDRESS 3349 BAY MEADOWS RD.
CITY - ST - ZIP JACKSONVILLE, FL 32217

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE D
NAME ANDREW MCCOY
STREET ADDRESS 3643 RICHMOND ST.
CITY - ST - ZIP JACKSONVILLE, FL 32205

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a 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 or changed, or on an addition with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Bishop - PRESIDENT

Date

904-296-1055

Telephone Number