2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# N43461

Entity Name: DANIEL MEMORIAL, INC.

Current Principal Place of Business:

4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3067752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, JAMES D PRES
4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CLARK, JAMES D PRES
Address: 4203 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: CFO
Name: WELLS, LESLEY A
Address: 4203 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: C
Name: WALSHAW, LARRY DVCCHR
Address: 4203 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: PST
Name: KLARNER, DAVID
Address: 4203 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: FICKLING, JEANINE TREAS
Address: 4203 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: LESLEY WELLS CFO 01/11/2011
Electronic Signature of Signing Officer or Director Date