

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002138

Entity Name: DAILY BREAD DISTRIBUTION CENTER, INC.**Current Principal Place of Business:**2538 SILVER STAR RD
ORLANDO, FL 32804**Current Mailing Address:**2538 SILVER STAR RD
ORLANDO, FL 32804 US**FEI Number:** 27-2009085**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERWOOD, MICHELLE
6103 BEECHMONT BLVD
ORLANDO, FL 32808 US*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:** MICHELLE SHERWOOD

02/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHERWOOD, MICHELLE O
Address 1591 MANZANITA STREET
City-State-Zip: PALM BAY FL 32907

Title TREASURER
Name ST JEAN, HOBERT
Address 6103 BEECHMONT BLVD
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name CARTER, CHARLOTTE L
Address 5553 SPRINGHILL DR
City-State-Zip: ORLANDO FL 32808

Title SECRETARY
Name ANDREWS, DENISE
Address 2001 GREYSTONE TRAIL
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR
Name GOLDEN, PATRICIA
Address 13750 WEST COLONIAL DR 350-201
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name PIERRE, YVES
Address 9 GUAVA LN. RUN
City-State-Zip: OCKLAWAHA FL 32179

Title DIRECTOR
Name GINDLESBERGER, MICHEAL
Address 115 KIRK HILL RD
City-State-Zip: DELTONA FL 32738

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: MICHELLE SHERWOOD

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02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date