

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001706

Entity Name: DAUGHTER TO DAUGHTER, INC.**Current Principal Place of Business:**3465 VILLAGE CENTER DR.
SUITE 28
JACKSONVILLE, FL 32206**Current Mailing Address:**10218 MAGNOLIA RIDGEN RD.
JACKSONVILLE, FL 32210 US**FEI Number:** 46-4328922**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CURTIS, CHUZANNA
10218 MAGNOLIA RIDGE RD.
JACKSONVILLE, FL 32210 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	CURTIS, CHUZANNA M
Address	10218 MAGNOLIA RIDGE RD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	TREASURER
Name	GOLDEN, CARLTON
Address	131 ROCKCREEK
City-State-Zip:	ST. JOHNS FL 32259

Title	DIRECTOR
Name	JOHNSON, FATIMA
Address	9090 MENDOCINO COURT
City-State-Zip:	JACKSONVILLE FL 32222

Title	SECRETARY
Name	BAILEY, SHELIA
Address	4043 WOODLEY CREEK RD.
City-State-Zip:	JACKSONVILLE FL 32219

Title	OFFICER
Name	DAVIS JOHNSON, MARY
Address	9438 ARBOR OAK
City-State-Zip:	JACKSONVILLE FL 32219

Title	OFFICER
Name	BUNCOME, MELINA
Address	P O BOX 380011
City-State-Zip:	JACKSONVILLE FL 32205

Title	ASST. SECRETARY
Name	ROBINSON, SAMMANATHA
Address	W. 30TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	OFFICER
Name	MEADOWS, HOPE
Address	4043 WOODLEY CREEK
City-State-Zip:	JACKSONVILLE FL 32209

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: CHUZANNA MONIQUE` CURTIS**PRESIDENT****04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date