

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33014

Entity Name: DANIEL FOUNDATION, INC.**Current Principal Place of Business:**4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216**Current Mailing Address:**4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216**FEI Number:** 59-2953807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELLS, LESLEY A
4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216 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:** LESLEY A WELLS

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	JACKSON, DAN
Address	4203 SOUTHPOINT BLVD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	CFO
Name	PIA, FELIPE P
Address	4203 SOUTHPOINT BLVD
City-State-Zip:	JACKSONVILLE FL 32216

Title	CEO, PRESIDENT
Name	WELLS, LESLEY A
Address	4203 SOUTHPOINT BLVD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	CHAIRMAN
Name	BUHLER, PHILLIP A
Address	4203 SOUTHPOINT BLVD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	BATEH, SUSAN J
Address	4203 SOUTHPOINT BLVD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	VC
Name	CORRIGAN, TIMOTHY J
Address	4203 SOUTHPOINT BLVD.
City-State-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: FELIPE P PIA

CFO

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date