

2016 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:**CLARK, JAMES D
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:** JAMES D CLARK

01/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name GRIFFIN, KIRBY
Address 4203 SOUTHPOINT BLVD.
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name HUNTER, LEWIS
Address 4203 SOUTHPOINT BLVD
City-State-Zip: JACKSONVILLE FL 32216

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

Title VC
Name COLLEDGE, SHEP
Address 4203 SOUTHPOINT BLVD.
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name ROLFE, JAY
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**CHIEF FINANCIAL
OFFICER**

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date