

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005000

Entity Name: THE CAPSTONE FOUNDATION, INC.**Current Principal Place of Business:**801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION BUILDING
TUSCALOOSA, AL 35487**Current Mailing Address:**271 ROSE ADMINISTRATION BUILDING
BOX 870142
TUSCALOOSA, AL 35487-0142 US**FEI Number:** 23-7337238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DCEO
Name BELL, STUART R.
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name CAMPBELL, KAREN
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name CROW, BAKER
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name PIERCE, BOB
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title TREASURER
Name LAYZELL, DAN
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name TAYLOR, ANDRE
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name KEITH, DANA S
Address 801 UNIVERSITY BLVD
271 ROSE ADMINISTRATION
BUILDING
City-State-Zip: TUSCALOOSA AL 35487

Title DIRECTOR
Name BROOKS, KAREN
Address 271 ROSE ADMINISTRATION
BUILDING
BOX 870142
City-State-Zip: TUSCALOOSA AL 35487-0142

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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: DAN LAYZELL

DIRECTOR

02/06/2025

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WARREN, JIMMY
Address	801 UNIVERSITY BLVD 271 ROSE ADMINISTRATION BUILDING
City-State-Zip:	TUSCALOOSA AL 35487