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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734083 (9)

1. Corporation Name
DOMINION FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~5551 RIDGEWOOD DR. SUITE 505~~ ~~P.O. BOX 7609~~ ~~NAPLE FL 33999~~	~~5551 RIDGEWOOD DR. SUITE 505~~ ~~P.O. BOX 7609~~ ~~NAPLE FL 34101-7609~~

3. Date Incorporated or Qualified: 10/14/1975
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business	2a. Mailing Address
21 3050 N. HORSESHOE DR.	26 3050 N. Horseshoe Dr.
Suite, Apt. #, etc. 22 Suite 290	Suite, Apt. #, etc. 27 Suite 290
City & State 23 Naples, FL	City & State 28 Naples, Florida
Zip / Country 24 34104 / 25 USA	Zip / Country 29 34104 / 30 USA

4. FEI Number: 59-1660110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, JEANINE 233 9TH AVENUE SOUTH NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROBERT W.		1.2 NAME		
STREET ADDRESS	233 9TH AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JEANINE		2.2 NAME		
STREET ADDRESS	233 9TH AVENUE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RUNDLE, ALLEN G.		3.2 NAME		
STREET ADDRESS	~~4128 YORK LN.~~		3.3 STREET ADDRESS	690 Regatta Rd.	
CITY-ST-ZIP	~~VIRGINIA BCH VA~~		3.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KARLSSON, PELLE N.		4.2 NAME		
STREET ADDRESS	375 YUCCA RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.