

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734083

FILED
Feb 11, 2004
Secretary of State**Entity Name:** DOMINION FOUNDATION, INC.**Current Principal Place of Business:**3050 N HORSESHOE DR
SUITE 290
NAPLES, FL 34104 US**New Principal Place of Business:****Current Mailing Address:**3050 N HORSESHOE DR
SUITE 290
NAPLES, FL 34104 US**New Mailing Address:****FEI Number:** 59-1660110**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, JEANINE
233 9TH AVENUE SOUTH
NAPLES, FL 33940 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** CEO () Delete
Name: JOHNSON, ROBERT W.,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL**Title:** SD () Delete
Name: JOHNSON, JEANINE,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL**Title:** PD () Delete
Name: KARLSSON, PELLE N
Address: 375 YUCCA ROAD
City-St-Zip: NAPLES, FL**Title:** VP (X) Delete
Name: JOHNSON, KATHLEEN L
Address: 331 DOVER PLACE, APT. 201
City-St-Zip: NAPLES, FL 34104**Title:** AS (X) Delete
Name: CHRISOPHER, NANCY B
Address: 2196 PICADILLY CIRCLE
City-St-Zip: NAPLES, FL 34112**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change () Addition
Name: JOHNSON, ROBERT W.,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102**Title:** SD (X) Change () Addition
Name: JOHNSON, JEANINE,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102**Title:** VPT (X) Change () Addition
Name: JOHNSON, ROBERT W JR
Address: 1510 LOGAN COURT
City-St-Zip: NAPLES, FL 34116**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT W. JOHNSON

CEOD

02/11/2004

Electronic Signature of Signing Officer or Director

Date