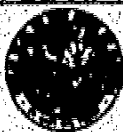


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39418

(1)

1. Corporation Name

DOMINICAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1106
WINTER PARK FL 32780-1106

P.O. BOX 1106
WINTER PARK FL 32780-1106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1990

3a. Date of Last Report

04/28/1994

4. FBI Number

65-0263936

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUTHER, DAVID S.
742 GRANVILLE DR.
WINTER PARK FL 32789

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME SANTIAGO, MARTINEZ
STREET ADDRESS 3937 DUJON DRIVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME SLOBODIAN, ERIC J.
STREET ADDRESS 235 N. ROSCOE BOULEVARD
CITY-ST-ZIP PONTE-VEDRA BEACH FL Remove

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS Scott, Jerry W.
2.4 CITY-ST-ZIP 6515 Kemper Lakes Court
Alexandria, VA 22312

TITLE D
NAME WELSH, JAMES F.
STREET ADDRESS R.D. 4, BOX 4848
CITY-ST-ZIP MOHNTON PA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE -D-
NAME -CASANOVAS, ALFONSO-
STREET ADDRESS -REPARTO SEMINARIO #5-
CITY-ST-ZIP -SANTO DOMINGO, DR- Remove

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Cuevas, Mirtha E.
4.4 CITY-ST-ZIP 2106 E. Hillcrest
Orlando, FL 32803

TITLE D
NAME LUTHER, STEPHEN
STREET ADDRESS 973 WILLOW RUN LANE
CITY-ST-ZIP WINTER SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE -D-
NAME -D'ALESSANDRO, AGNES-
STREET ADDRESS -8005 S.W. 107TH AVE. 124-
CITY-ST-ZIP -MIAMI FL- Remove

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Henriquez, Adalberto
6.4 CITY-ST-ZIP 71 River Ridge Drive
Rockledge, FL 32955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Laurie Farrier, Development Asst.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Farrier

4/10/95

Date

Daytime Phone #

407-578-114