FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N39418 (1)

1. Corporation Name

DOMINICAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1106 WINTER PARK FL 32790-1106	P.O. BOX 1106 WINTER PARK FL 32790-1106

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 4041 MALLARD Point Court	26 4041 Mallard Point Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL	28 City & State: ORLANDO, FL
24 Zip: 32810 25 Country: USA	29 Zip: 32810 30 Country: USA

4. FEI 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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANTIAGO, MARTINEZ		1.2 NAME		
STREET ADDRESS	3937 DIJON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JERRY W		2.2 NAME		
STREET ADDRESS	6515 KEMPER LAKES COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELSH, JAMES F.		3.2 NAME		
STREET ADDRESS	R.D. 4, BOX 4846		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOHNTON PA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CUEVAS, MIRTHA E		4.2 NAME		
STREET ADDRESS	2106 E. HILLCREST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LUTHER, STEPHEN		5.2 NAME		
STREET ADDRESS	973 WILLOW RUN LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENRIQUEZ, ADALBERTO		6.2 NAME		
STREET ADDRESS	71 RIVER RIDGE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP		

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 119.07(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 Fauci Vice Chairman / Associate 407-293-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/96 — Daytime Phone #

CR2E037 (12/95)