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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39418

1. Corporation Name

DOMINICAN FOUNDATION, INC.

Principal Place of Business
4041 MALLARD POINT COURT
ORLANDO FL 32810
US

Mailing Address
4041 MALLARD POINT COURT
ORLANDO FL 32810
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/01/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0263936

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24 25

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
 NAME **SANTIAGO, MARTINEZ**
 STREET ADDRESS **3937 DIJON DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME **President Robert Schaid**
 1.3 STREET ADDRESS **334 Goosecreek DRIVE**
 1.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☐ DELETE
 NAME **SCOTT, JERRY W**
 STREET ADDRESS **6515 KEMPER LAKES COURT**
 CITY-ST-ZIP **ALEXANDRIA VA**

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME **Pedro Bernal**
 2.3 STREET ADDRESS **2401 Whitehall circle**
 2.4 CITY-ST-ZIP **Winter PARK, FL 32789**

TITLE **D** ☐ DELETE
 NAME **WELSH, JAMES F.**
 STREET ADDRESS **R.D. 4, BOX 4846**
 CITY-ST-ZIP **MOHNTON PA**

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **STACY BERCKES, M.D.**
 3.3 STREET ADDRESS **111 Waterman AVE**
 3.4 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE **D** ☐ DELETE
 NAME **CUEVAS, MIRTHA E**
 STREET ADDRESS **2106 E. HILLCREST**
 CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **Treasurer BARRY C. DONOVAN**
 4.3 STREET ADDRESS **173 LAGO VISTA BLVD**
 4.4 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☐ DELETE
 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** ☐ DELETE
 NAME **HENRIQUEZ, ADALBERTO**
 STREET ADDRESS **71 RIVER RIDGE DRIVE**
 CITY-ST-ZIP **ROCKLEDGE FL**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Barry C. Donovan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 **707-333-9500**
 Date Daytime Phone #

CR2E037 (11/98)