FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # N39418 1. Entity Name DOMINICAN FOUNDATION, INC. 02-27-2001 90359 007 ****61.25 Mailing Address Principal Place of Business 4041 MALLARD POINT COURT 4041 MALLARD POINT COURT ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0263936 Not Applicable Country \$8.75 Additional <u>Zip</u> Country Zip 5.-Gertificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LUTHER, DAVID S. 742 GRANVILLE DR. WINTER PARK FL 32789 City Zio Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE TITLE Barry C. DONOVAN SCHEID, ROBERT mar c.c. NAME 394 GOODECREEK BRIVE 1921 Red wood & reve To 173 Lago Vista BID STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP casselberry FL 32707 Addition Delete ☐ Change TITLE Laurie Farrier to 4041 Malland Point CT TITLE SCOTT, JERRY W NAME NAME 6515 KEMPER LAKES COURT STREET ADDRESS STREET ADDRESS orlando, PL 32810 CITY_ST-ZIP CITY-ST-ZIP alexandria.va. Change Addition ☐ Delete TITLE TITLE Nancy School WELSH, JAMES F. NAME 1921 Redwood Grove Terrace NAME STREET ADDRESS STREET ADDRESS R.D. 4, BOX 4846 CITY-ST-ZIP 32746 CITY-ST-ZIP MOHNTON PA Change ☐ Addition X Delete TITLE **CUEVAS, MIRTHA E** NAME NAME STREET ADDRESS STREET ADDRESS 2106 E. HILLCREST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LUTHER, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 973 WILLOW RUN LANE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition ☐ Change □ Delete TITLE TITLE HENRIQUEZ, ADALBERTO NAME NAME 71 RIVER RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment. address, with all other like empowered. negsu rev

SIGNATURE: