2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N39418



04-14-2003 90051 021 ****61.25

FILED

Apr 14, 2003 8:00 am Secretary of State

Entity Name DOMINICAN FOUN						
Principal Place of Busine	ess	Mailing Address				
4041 MALLARD POINT CO ORLANDO FL 32810 US	URT	4041 MALLARD POINT C ORLANDO FL 32810 US	COURT			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip ·	Country			

CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0263936 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

8.	The above named entity submits this statement for	the purpose of changing its registere	ed office or registered agent, of	or both, in the State of Florida.	I am familiar with, and	accept
	the obligations of registered agent.					

City

SIGNATURE .

LUTHER, DAVID S.

742 GRANVILLE DR. WINTER PARK FL 32789

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE	NOW:	FEE	IS	\$61.25	
		**			

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Make Check Payable to

	T.			— Added to 1 ees	rionua Department	OI State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VP .	Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME	LUTHER, DAVID		NAME			-	
STREET ADDRESS	742 GRANVILLE DR		STREET ADDRESS			}	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		□ ena	nge 🔲 Addition	
NAME	DONOVAN, BARRY C		NAME		1. DT Lano		
STREET ADDRESS	173 LAGO VISTA BLVD		STREET ADDRESS	639 Tuskamil	الويان سياح	(
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	639 Tuskawil Winter Springs	, FL 32708	ĺ	
TITLE	D	☐ Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME	WELSH, JAMES F.		NAME				
STREET ADDRESS	R.D. 4, BOX 4846	and the second section of the second	*STREET ADDRESS*		The second secon		
CITY-ST-ZIP	MOHNTON PA		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME	FARRIER, LAURIE		NAME				
STREET ADDRESS	4041 MALLARD POINT COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP			Ì	
TITLE	D	☐ Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME	Luther, Stephen		NAME				
STREET ADDRESS	973 WILLOW RUN LANE		STREET ADDRESS			ĺ	
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP				
TITLE	D	Delete	TITLE		☐ Char	nge 🔲 Addition	
NAME	HENRIQUEZ, ADALBERTO		NAME			}	
STREET ADDRESS	71 RIVER RIDGE DRIVE		STREET ADDRESS	, i		1	
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.