

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008025

FILED  
Jan 25, 2012  
Secretary of State

Entity Name: DOMINGO SAVIO INSTITUTE, INC.

**Current Principal Place of Business:**

2910 KERRY FOREST PKWY, #D4-195  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

2910 KERRY FOREST PKWY, #D4-195  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 26-3262119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COONAN, TERRY  
C/O TERRY COONAN  
426 WEST JEFFERSON STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REIFENBERG, STEPHEN  
Address: 101 S. CONESTOGA LN  
City-St-Zip: SOUTH BEND, IN 46617 US

Title: VP  
Name: COONAN, TERRY  
Address: 426 W. JEFFERSON ST.  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: SEC  
Name: O'ROURKE, KELLY  
Address: 11077 WILDLIFE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T  
Name: SAVER, DANIEL  
Address: 11077 WILDLIFE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY O'ROURKE

SEC

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date