

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007502

Entity Name: DLMC FOUNDATION, INC.

Current Principal Place of Business:

1845 PLUMBAGO WAY
NAPLES, FL 34105

Current Mailing Address:

C/O CEDAR STREET ADVISORS
100 FIELD DRIVE SUITE 250
LAKE FOREST, IL 60045 US

FEI Number: 26-0625539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRIVAN, KENT A
1421 PINE RIDGE ROAD
SUITE 120
NAPLES, FL 34109 US

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

Officer/Director Detail :

Title VPD
Name DESIMONE, LIVIO D
Address 1845 PLUMBAGO WAY
City-State-Zip: NAPLES FL 34105

Title PD
Name DESIMONE, LISE
Address 1845 PLUMBAGO WAY
City-State-Zip: NAPLES FL 34105

Title VD
Name DESIMONE, DANIEL
Address 12 STREAMWOOD LANE
City-State-Zip: FALMOUTH ME 04105

Title VD
Name LANG, LIVIA
Address 3244 BITTERSWEET LANE
City-State-Zip: ST. CLOUD MN 56301

Title VD
Name DESIMONE, MARK
Address 2809 MONTGOMERY AVENUE
City-State-Zip: DAVIS CA 95618

Title VD
Name NORTH, CYNTHIA
Address 4650 MEDINA LAKE DRIVE
City-State-Zip: MEDINA MN 55430

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: LIVIO DESIMONE

VPD

03/31/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date