

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008025

Entity Name: DOMINGO SAVIO INSTITUTE, INC.**Current Principal Place of Business:**2910 KERRY FOREST PKWY, #D4-195
TALLAHASSEE, FL 32312**Current Mailing Address:**2910 KERRY FOREST PKWY, #D4-195
TALLAHASSEE, FL 32312**FEI Number:** 26-3262119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COONAN, TERRY
C/O TERRY COONAN
426 WEST JEFFERSON STREET
TALLAHASSEE, FL 32301 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	PRES
Name	REIFENBERG, STEPHEN
Address	101 S. CONESTOGA LN
City-State-Zip:	SOUTH BEND IN 46617

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

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

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

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**SECRETARY****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date