2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# 734083

Entity Name: DOMINION FOUNDATION, INC.

Current Principal Place of Business:

3050 N HORSESHOE DR
SUITE 290
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3050 N HORSESHOE DR
SUITE 290
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-1660110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, JEANINE
233 9TH AVENUE SOUTH
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

JOHNSON, ROB
3050 HORSESHOE DRIVE NO
STE 290
NAPLES, FL 34104 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: ROB JOHNSON 02/23/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: JOHNSON, ROBERT W.,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete
Name: JOHNSON, JEANINE,
Address: 233 9TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPT (X) Delete
Name: JOHNSON, ROBERT W JR
Address: 1510 LOGAN COURT
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: JOHNSON, ROB
Address: 3050 HORSESHOE DRIVE NO. STE 290
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition
Name: JOHNSON, JEANINE
Address: 3050 HORSESHOE DRIVE NO. STE 290
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROB JOHNSON CEOD 02/23/2005
Electronic Signature of Signing Officer or Director Date