


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

3/2

FILED
May 14, 2007 8:00 am
Secretary of State

03-26-2007 90058 031 ****70.00

DOCUMENT # 734083 1. Entity Name DOMINION FOUNDATION, INC.	
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Principal Place of Business 3050 N HORSESHOE DR SUITE 290 NAPLES, FL 34104 US	Mailing Address 3050 N HORSESHOE DR SUITE 290 NAPLES, FL 34104 US
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66014706



DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1660110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, ROB 3050 HORSESHOE DRIVE NO STE 290 NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

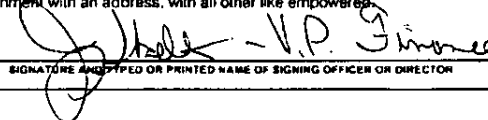
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, ROB 3050 HORSESHOE DRIVE NO. STE 290 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JEANINE 3050 HORSESHOE DRIVE NO. STE 290 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-07
Date Daytime Phone