

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004296

1. Entity Name
OHIO DOMINICAN UNIVERSITY INCORPORATED



Principal Place of Business

**1216 SUNBURY ROAD
COLUMBUS, OH 43219**

Mailing Address

**1216 SUNBURY ROAD
COLUMBUS, OH 43219**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KULP, FRANK MR.
51 PRIMROSE COURT
MARCO ISLAND, FL 34145**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HENDRICKS, JOSEPH
STREET ADDRESS	1216 SUNBURY ROAD
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	V
NAME	SEIFFERT, RONALD J
STREET ADDRESS	1216 SUNBURY ROAD
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	DP
NAME	CALARESO, JACK P
STREET ADDRESS	1216 SUNBURY ROAD
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	V
NAME	TODD, MARY
STREET ADDRESS	1216 SUNBURY ROAD
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	S
NAME	WILSON, JANICE
STREET ADDRESS	1216 SUNBURY ROAD
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	T
NAME	BARNES, GALEN
STREET ADDRESS	1216 SUNSET RD
CITY-ST-ZIP	COLUMBUS, OH 43219

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**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 607, 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

Date

Daytime Phone #

1-22-07