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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002629 (3)**

1. Corporation Name

**ANNO DOMINI, INC.**



Principal Place of Business Mailing Address

**2911 SCOTT MILL LANE  
JACKSONVILLE FL 32217**

**P.O. BOX 32405  
JAX FL 32337-0405  
US**

3. Date Incorporated or Qualified

**05/20/1994**

4. FEI Number

**93-0799236**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 3581 CARDINAL PT. DR.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 JACKSONVILLE, FL.**

**28**

Zip

Country

Zip

Country

**24 32257**

**25**

**USA**

**29**

**30**

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAINNE, W W  
4190 BELFORT ROAD  
JACKSONVILLE FL 32216**

81 Name

**W. WARD RAINNIE - COMPASS BANK**

82 Street Address (P.O. Box Number is Not Acceptable)

**716 SOUTH LAURA ST., #500**

83

84 City

**JACKSONVILLE**

FL

85 Zip Code

**32202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*W. Ward Rainnie*  
Signature, typed or printed name of registered agent and title if applicable

**W. WARD RAINNIE, DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**4/29/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
BOWERS, JOHN  
2911 SCOTT MILL LANE  
JACKSONVILLE FL 32217**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TDS  
JENKINS, KATHLEEN  
10467 DOCKSIDER DRIVE EAST  
JACKSONVILLE FL 32257**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
WILBERT, DAVID  
4327 RUSTLING LEAF LANE  
JACKSONVILLE FL 32258**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
SHILLING, MARTY  
3385 CHEYENNE LANE  
JACKSONVILLE FL 32223**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
RAINNIE, WARD  
4304 FALLING LEAF COURT  
JACKSONVILLE FL 32258**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
STRATHMANN, DAVID  
12451 MUSCOVY DRIVE  
JACKSONVILLE FL 32223**

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*W. Ward Rainnie*  
Signature, typed or printed name of registered agent and title if applicable

**4/29/98**

**904-360-6006**

CR2037 (10/97)