

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90113 026 ****61.25

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1. Corporation Name

ANNO DOMINI, INC.

Principal Place of Business

3581 CARDINAL PT DR
JACKSONVILLE FL 32257
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

93-0799236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

W WARD RAINNIE - COMPASS BANK
76 SO LAURA ST STE 500
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BOWERS, JOHN**
STREET ADDRESS **2911 SCOTT MILL LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE

NAME **TDS JENKINS, KATHLEEN**
STREET ADDRESS **10467 DOCKSIDER DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE

NAME **D WILBERT, DAVID**
STREET ADDRESS **4327 RUSTLING LEAF LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ DELETE

NAME **D SHILLING, MARTY**
STREET ADDRESS **3385 CHEYENNE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **D RAINNIE, WARD**
STREET ADDRESS **4304 FALLING LEAF COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ DELETE

NAME **D STRATHMANN, DAVID**
STREET ADDRESS **12451 MUSCOVY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. WARD RAINNIE, DAVID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

904-307-4885
Daytime Phone #

CR2E037 (11/98)