

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010868

FILED
Feb 24, 2009
Secretary of State

Entity Name: DOMINICUS PRESS, INC.

Current Principal Place of Business:

1422 SWEETBRIAR RD
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1422 SWEETBRIAR RD
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1946489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COFFMAN, DIANA S P
1422 SWEETBRIAR RD.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COFFMAN, DIANA S
Address: 1422 SWEETBRIAR RD
City-St-Zip: ORLANDO, FL 32806

Title: VP () Delete
Name: ANDERSON, MARY JO
Address: 3219 WALD RD
City-St-Zip: ORLANDO, FL 32806

Title: TRES () Delete
Name: CARUSO, CHRISTINE S
Address: 1723 SPRING LAKE DR
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: LACAMBRA, ANN
Address: 700 OXFORD RD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: DELLECKER, BARBARA
Address: 916 ALHAMBRA COURT
City-St-Zip: ORLANDO, FL 32804

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA DELLECKER

TRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date