## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008025

FILED Mar 20, 2009 Secretary of State

Entity Name: DOMINGO SAVIO INSTITUTE, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O TERRY COONAN 426 WEST JEFFERSON STREET TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** C/O KELLY O'ROURKE 11077 WILDLIFE TRAIL TALLAHASSEE, FL 32312 FEI Number: 26-3262119 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COONAN, TERRY C/O TERRY COONAN 426 WEST JEFFERSON STREET TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition REIFENBERG, STEPHEN Name: Name: Address: Address: DRCLAS HARVARD U, 1730 CAMBRIDGE ST City-St-Zip: City-St-Zip: CAMBRUDGE, MA 02138 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: COONAN, TERRY Address: Address: 426 W. JEFFERSON ST. City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 US Title: () Delete Title: SEC ( ) Change (X) Addition O'ROURKE, KELLY Name: Name: Address: Address: 11077 WILDLIFE TRAIL City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: SAVER, DANIEL Address: Address: 11077 WILDLIFE TRAIL City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 US

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: KELLY O'ROURKE SEC 03/20/2009