2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008025

FILED Feb 03, 2010 Secretary of State

Entity Name: DOMINGO SAVIO INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O TERRY COONAN 6753 THOMASVILLE RD. 426 WEST JEFFERSON STREET #108-139

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

C/O KELLY O'ROURKE 6753 THOMASVILLE RD. 11077 WILDLIFE TRAIL #108-139 TALLAHASSEE, FL 32312 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:

Title: PRES

Name: REIFENBERG, STEPHEN
Address: 101 S. CONESTOGA LN
City-St-Zip: SOUTH BEND, IN 46617 US

Title: VP

 Name:
 COONAN, TERRY

 Address:
 426 W. JEFFERSON ST.

 City-St-Zip:
 TALLAHASSEE, FL 32301 US

Title: SEC

 Name:
 O'ROURKE, KELLY

 Address:
 11077 WILDLIFE TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32312 US

Title: T

Name: SAVER, DANIEL
Address: 11077 WILDLIFE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY O'ROURKE SEC 02/03/2010