


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 006 \*\*\*\*61.25

|                            |   |
|----------------------------|---|
| <b>DOCUMENT # N39418</b>   |  |
| <b>1. Entity Name</b>      |   |
| DOMINICAN FOUNDATION, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b>                               | <b>Mailing Address</b>   |
| 5840 RED BUG LAKE ROAD<br># 115<br>WINTER SPRINGS FL 32708<br>US | 5840 RED BUG LAKE ROAD<br># 115<br>WINTER SPRINGS FL 32708<br>US |



|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| 639 Tuskavilla Point Lane<br>Suite, Apt. #, etc.      | BD<br>Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/06)

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Winter Springs, FL BD   |                         |
| <b>Zip</b>              | <b>Country</b>          |
| 32708 BD                | USA BD                  |

|   |   |
|---|---|
| <b>4. FEI Number</b>                    | <b>Applied For</b>                      |
| 65-0263936                              | <input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> | <b>\$8.75 Additional Fee Required</b>   |
| <input type="checkbox"/>                |   |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>        |
| LUTHER, DAVID S.<br>742 GRANVILLE DR.<br>WINTER PARK FL 32789 |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

8. 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. I am familiar with, and accept the obligations of registered agent.

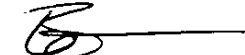
|   |  |
|---|--|
| <b>SIGNATURE</b>  | <b>DATE</b>  |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) |

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | D LUTHER, DAVID                 |
| <b>STREET ADDRESS</b>      | 742 GRANVILLE DR                |
| <b>CITY-ST-ZIP</b>         | WINTER PARK FL 32789            |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | P BERNEL, PEDRO                 |
| <b>STREET ADDRESS</b>      | 2401 WHITEHALL CIRCLE           |
| <b>CITY-ST-ZIP</b>         | WINTER PARK FL 32792            |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | T DONOVAN, BARRY C              |
| <b>STREET ADDRESS</b>      | 639 TUSKAVILLA POINT LANE       |
| <b>CITY-ST-ZIP</b>         | WINTER SPRINGS FL 32708         |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | D FARRIER, LAURIE               |
| <b>STREET ADDRESS</b>      | 4041 MALLARD POINT COURT        |
| <b>CITY-ST-ZIP</b>         | ORLANDO FL 32810                |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | P LUTHER, STEPHEN               |
| <b>STREET ADDRESS</b>      | 973 WILLOW RUN LANE             |
| <b>CITY-ST-ZIP</b>         | WINTER SPRINGS FL               |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |
| <b>NAME</b>                | D GUTIERREZ, RAFAEL E           |
| <b>STREET ADDRESS</b>      | 1283 HAWK RIDGE ROAD            |
| <b>CITY-ST-ZIP</b>         | LAFAYETTE CO 80026              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| <b>TITLE</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>   | D Liv Vesely   |
| <b>STREET ADDRESS</b>                                 | 74 Secor Lane  |
| <b>CITY-ST-ZIP</b>                                    | Hopewell Junction, NY 12533  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>   | D Mario Rodriguez  |
| <b>STREET ADDRESS</b>                                 | 973 Willow Run Lane  |
| <b>CITY-ST-ZIP</b>                                    | Winter Springs, FL 32708   |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>   | D Juan Manuel Diaz Parrondo  |
| <b>STREET ADDRESS</b>                                 | Paseo de las Gajas # 28  |
| <b>CITY-ST-ZIP</b>                                    | Santo Domingo DR   |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>   | D Jerson Diaz  |
| <b>STREET ADDRESS</b>                                 | 74 Secor Lane  |
| <b>CITY-ST-ZIP</b>                                    | Hopewell Junction, NY 12533  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|  |   |                         |                   |
|--|---|-------------------------|-------------------|
| <b>SIGNATURE:</b>  |  | <b>Barry C. DONOVAN</b> | <b>4076954884</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |   |                         |                   |