

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90032 036 ****61.25

DOCUMENT # N39418

1. Entity Name
DOMINICAN FOUNDATION, INC.



Principal Place of Business

5840 RED BUG LAKE ROAD #280
#115
WINTER SPRINGS, FL 32708 US

Mailing Address

5840 RED BUG LAKE ROAD #280
#115
WINTER SPRINGS, FL 32708 US

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0263936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTHER, DAVID S.
742 GRANVILLE DR.
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUTHER, DAVID
STREET ADDRESS	742 GRANVILLE DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	P
NAME	BERNEL, PEDRO
STREET ADDRESS	2401 WHITEHALL CIRCLE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	T
NAME	DONOVAN, BARRY C
STREET ADDRESS	639 TUSKAVILLA POINT LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	FARRIER, LAURIE
STREET ADDRESS	4041 MALLARD POINT COURT
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	P
NAME	LUTHER, STEPHEN
STREET ADDRESS	973 WILLOW RUN LANE
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	D
NAME	GUTIERREZ, RAFAEL E
STREET ADDRESS	1283 HAWK RIDGE ROAD
CITY-ST-ZIP	LAFAYETTE, CO 80026

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry C. Donovan

Date

Daytime Phone #

1/24/08 4076991270