FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003933 (8)

1. Corporation Name
DOMESTIC ASSISTANCE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2431 ALOMA AVENUE STE. 223 WINTER PARK FL 32792	2431 ALOMA AVENUE STE. 223 WINTER PARK FL 32792

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3257695 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

MCCLELLAND, JUSTIN B
2431 ALOMA AVENUE STE. 223
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	MCCLELLAND, JUSTIN B	12 NAME	MCCLELLAND, JUSTIN B
STREET ADDRESS	POST OFFICE BOX 5842	13 STREET ADDRESS	2427 GALLERY VIEW #4
CITY-ST-ZIP	WINTER PARK FL 32793-5842	14 CITY-ST ZIP	WINTER PARK FL 32792
TITLE	D	21 TITLE	~~GIBSON~~ DIRECTOR ☐ Change ☐ Addition
NAME	GIBSON, JACQUELYN	22 NAME	GIBSON, JACQUELYN
STREET ADDRESS	POST OFFICE BOX 5842	23 STREET ADDRESS	2427 GALLERY VIEW #4
CITY-ST-ZIP	WINTER PARK FL 32793-5842	24 CITY-ST ZIP	WINTER PARK FL 32792
TITLE	D	31 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	MOLLISON, DAVID	32 NAME	MOLLISON, DAVID
STREET ADDRESS	558 MYSTIC WOOD WAY	33 STREET ADDRESS	3202 PARKSIDE COURT
CITY-ST-ZIP	CASSELBERRY FL 32707	34 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. M. McClelland DIRECTOR 5-30-95 407 678 5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003782