

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008025

**Entity Name:** DOMINGO SAVIO INSTITUTE, INC.

**Current Principal Place of Business:**

2910 KERRY FOREST PKWY, #D4-195  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2910 KERRY FOREST PKWY, #D4-195  
TALLAHASSEE, FL 32312

**FEI Number:** 26-3262119

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Officer/Director Detail :**

Title            PRES  
Name            REIFENBERG, STEPHEN  
Address        101 S. CONESTOGA LN  
City-State-Zip: SOUTH BEND IN 46617

Title            VP  
Name            COONAN, TERRY  
Address        426 W. JEFFERSON ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title            SEC  
Name            O'ROURKE, KELLY  
Address        11077 WILDLIFE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title            T  
Name            SAVER, DANIEL  
Address        11077 WILDLIFE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

*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

**SECRETARY**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date