2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2015
Secretary of State
CC7370320674

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Entity Name: DOMINICA-AMERICA SCHOLARSHIP AND CULTURE, INC.

Current Principal Place of Business:

1213 SW HERALD ROAD
PORT ST. LUCIE, FL 34953

Current Mailing Address:

PO BOX 12563
FORT PIERCE, FL 34979 3

FEI Number: 27-1306793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEBLANC, GABRIEL
660 SE STOW TERRACE
PORT ST. LUCIE, FL 34984 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	PD
Name	THOMAS, MELINDA
Address	1775 MARCELLO DRIVE
City-State-Zip:	MELBOURNE FL 32934

Title	SD
Name	GARRAWAY, GLORIA
Address	6097 C DURHAM DRIVE
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	BANNIS-MATHEW, LISA-ANN
Address	3626 SW BONWOLD STREET
City-State-Zip:	PORT ST LUCIE FL 34953

Title	DIRECTOR
Name	THOMAS, ANTHONY
Address	1775 MARCELLO DRIVE
City-State-Zip:	MELBOURNE FL 32934

Title	VPD
Name	LEBLANC, RAMONA
Address	660 SE STOW TERRACE
City-State-Zip:	PORT ST. LUCIE FL 34984

Title	TD
Name	LEBLANC, GABRIEL
Address	660 SE STOW TERRACE
City-State-Zip:	PORT ST. LUCIE FL 34984

Title	DIRECTOR
Name	GARRAWAY, NEWTON
Address	6097C DURHAM DRIVE
City-State-Zip:	LAKE WORTH FL 33467

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: GABRIEL LEBLANC REGISTERED AGENT 01/19/2015

Electronic Signature of Signing Officer/Director Detail — Date