2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90148 049 ****61.25

DOCUMENT # N02000001223

1. Entity Name
DOMINION CHRISTIAN ASSEMBLY, INC.

Principal Place of Business	Mailing Address
1490 AVON LANE 1325 NORTH LAUDERDALE FL 33068	1490 AVON LANE 1325 NORTH LAUDERDALE FL 33068

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6041 KIMBERLY BLVD	6041 KIMBERLY BLVD
Suite, ~~Apt. #, etc.~~ B	Suite, ~~Apt. #, etc.~~ B
City & State NORTH LAUDERDALE, FL.	City & State NORTH LAUDERDALE, FL
Zip / Country 33068 / U.S.A	Zip / Country 33068 / U.S.A

4. FEI Number 36-4490282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMILIMOR, JOHN O DR 1490 AVON LANE 1325 NORTH LAUDERDALE FL 33068	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EZEKIEL, OBIORA REV.DR 2876 SW 176 TER MIRAMAR FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DR JOHN EMILIMOR 6270 SW 8CT NORTH LAUDERDALE FL 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EZEKIEL, MERCY REV.DR 2876 SW 176 TER MIRAMAR FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REV HERULIN AIKEN 9600 NW 7TH CIRCLE #1411 PLANTATION FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EMILIMOR, JOHN O DR 1490 AVON LANE NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LILEEN M. EMILIMOR 6270 SW 8CT NORTH LAUDERDALE FL 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EMILIMOR, LILEEN M 1490 AVON LANE NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAROLD OEHLERS 8709 NW 189TH TER MIAMI FL 33018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RONALD SALERNO 2718 S. UNIVERSITY DR #170 DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLAS ODIASE 8529 TALLAHASSEE LANE FORTH WORTH TX 76123	☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 2-5-03 954-957-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number