

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004064

FILED
Jan 19, 2009
Secretary of State

Entity Name: DOMINION WORSHIP MINISTRIES CHURCH OF GOD, INC.

Current Principal Place of Business:

4016 12TH AVE S
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4016 12TH AVE S
ST PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 20-2331452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, ALBERT E
13403 COPPER HEAD DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEAVER, ALBERT E
Address: 13403 COPPER HEAD DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ODOM, LOUISE
Address: 2901 17TH AVE S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Delete
Name: DIAZ, MITZI
Address: 3655 29TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: HOWARD, RUBIN
Address: 2600 PINELLAS POINT DR S
City-St-Zip: ST PETERSBURG, FL 33712

Title: L () Delete
Name: WEVAER, TONYA
Address: 13403 COPPER HEAD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ROBINSON, ERIC E
Address: 2935 5TH AVE SO
City-St-Zip: ST PETER, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BENJAMIN, LULA M
Address: 608 12TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LULA M. BENJAMIN

SEC.

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date