

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006183

Entity Name: EMA MINISTRIES, INC.**Current Principal Place of Business:**1130 NE 26TH AVENUE
POMPANO BEACH, FL 33062**Current Mailing Address:**1130 NE 26TH AVENUE
POMPANO BEACH, FL 33062**FEI Number:** 46-3401334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
5143 NW 42 TERRACE
COCONUT CREEK, FL 33073 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	D
Name	TCHIVIDJIAN, STEPHAN
Address	1130 NE 26TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	HOSKINS, DIANDRA
Address	5216 NE 2ND TERRACE
City-State-Zip:	OAKLAND PARK FL 33334

Title	D
Name	BRADSHAW, ANNE
Address	HOUND EARS CLUB, 328 SHULLS MILL ROAD
City-State-Zip:	BOONE NC 28607

Title	P
Name	TCHIVIDJIAN, CHARLOTTE
Address	1130 NE 26TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	ALLEN, DIAMOND
Address	1130 NE 26TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	S
Name	TCHIVIDJIAN, LISA
Address	1130 NE 26TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	LYNCH, JANE A
Address	4640 PINE LEVEL WAY
City-State-Zip:	FORT MYERS FL 33905

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: CHARLOTTE TCHIVIDJIAN**PRESIDENT****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date