

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003434

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Entity Name:** DOMA SCHOOL OF MINISTRIES, INTERNATIONAL, INC.

**Current Principal Place of Business:**

6175 NW 167TH STREET  
SUITE, G-14  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6175 NW 167TH STREET  
SUITE, G-14  
MIAMI LAKES, FL 33015

**New Mailing Address:**

**FEI Number:** 01-0676915      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCKENZIE, E.J.  
6175 NW 167TH STREET  
SUITE, G-14  
MIAMI LAKES, FL 33015 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: D ( ) Delete  
Name: MCKENZIE, KATHY L  
Address: 6175 NW 167TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete  
Name: MCKENZIE, E.J.  
Address: 6175 NW 167TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete  
Name: JOHNSON, HENRY  
Address: 4760 NW 167TH STREET  
City-St-Zip: MIAMI, FL 33014

**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:

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: PEGGY HOSEA

ADM

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date