

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001223

FILED
Apr 22, 2005
Secretary of State

Entity Name: DOMINION CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

6043 KIMBERLY BLVD
A&B
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6043 KIMBERLY BLVD
A&B
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 36-4490282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMILIMOR, JOHN O DR
6270 SW 8 COURT
NORTH LAUDERDALE, FL 33068 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: EMILIMOR, JOHN DR
Address: 6270 SW 8TH COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V () Delete
Name: AIKEN, HEROLIN REV
Address: 765 CUMBERLAND TERR.
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: EMILIMOR, LILEEN M
Address: 6270 SW 8TH COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: BROWN, BARBARA
Address: 11398 SW 11 COURT
City-St-Zip: DAVIE, FL 33328

Title: FS () Delete
Name: JOHNSON, EDMOND
Address: 6341 SW 9 PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: SALERNO, RONALD
Address: 2718 S. UNIVERSITY DR, #170
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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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 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 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: JOHNEMILIMOR

DR

04/22/2005

Electronic Signature of Signing Officer or Director

Date