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

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

☒ CHECK HERE IF MAKING CHANGES

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

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

CR2E037 (10/02)