

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011454

FILED
Apr 25, 2008
Secretary of State

Entity Name: DOMINION MINISTRIES, INC.

Current Principal Place of Business:

4771 PINE KNOTT LN
W PALM BCH, FL 33417

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1444
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 20-2319041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESS, ALEXANDER
4771 PINE KNOTT LANE
W PALM BCH, FL 33417 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: PD () Delete
Name: JENKINS, EMMANUEL
Address: 2549 WESTCHESTER DR
City-St-Zip: W PALM BCH, FL 33407

Title: VD () Delete
Name: MUNNINGS, CARRILL
Address: 880 FIELDSTONE WAY
City-St-Zip: W PALM BCH, FL 33407

Title: TS () Delete
Name: WALKER, LIONEL
Address: 806 ONTARIO PL
City-St-Zip: W PALM BCH, FL 33409

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: ALEXANDER BESS

DIR

04/25/2008

Electronic Signature of Signing Officer or Director

Date