2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011454

PINCUS, LEW

11550 BUCK HAVEN LANE

WEST PALM BEACH, FL 334122

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Name: DOMINION MINISTRIES, INC.					
Current Pr	incipal Place	of Business:	New Principal Plac	e of Business:	
4121 BURN PALM BEA	NS RD CH GARDEN:	S, FL 33410			
Current Ma	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
P.O.BOX 1 W PALM B	444 CH, FL 33402	2			
FEI Number:	20-2271801	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	XANDER KNOTT LANE CH, FL 33417				
The above in the State		submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () JENKINS, EMM 2549 WESTCH W PALM BCH,	ESTER DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TUCK, TERREN 427 LASPALMA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () PATEL, ALPES 9 ELTON PLAC BOYNTON BEA	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER BESS 04/30/2009 DIR