FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002251

1. Corporation Name

Dominion Ministries and Worship Center, Inc.

Principal Place of Business / Mailing Address

220 W. Washington St.

2. Principal Place of Business	2a. Mailing Address
21 220 W. Washington St.	26 220 W. Washington St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Monticello, Fl.	28 City & State: Monticello, Fl.
24 Zip: 32344 / 25 Country	29 Zip: 32344 / 30 Country

3. Date Incorporated or Qualified: 5.5.94
3a. Date of Last Report: 2.1.96
4. FEI Number: 59-3244484 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J. Phillip Kirkland	81 Name
Rt 1 Box 117-A	82 Street Address (P.O. Box Number is Not Acceptable)
Lamont, Fl. 32336	83
	84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Chairman of Board	☐ DELETE	1.1 TITLE	Board Member	☐ Change ☐ Addition
NAME	Rev. J. Phillip Kirkland		1.2 NAME	John Johnson	
STREET ADDRESS	Rt 1 Box 117-A		1.3 STREET ADDRESS	220 w. washington St	
CITY-ST-ZIP	Lamont, Fl 32336		1.4 CITY-ST-ZIP	monticello, fl.	
TITLE	President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Sandra E. Kirkland		2.2 NAME	000000220507D---2	
STREET ADDRESS	Rt 1 Box 117-A		2.3 STREET ADDRESS	-06/09/97--01001--011	
CITY-ST-ZIP	Lamont, Fl 32336		2.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	Vice President	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	David P. Kirkland		3.2 NAME		
STREET ADDRESS	Rt 1 Box 117-A		3.3 STREET ADDRESS		
CITY-ST-ZIP	Lamont, Fl 32336		3.4 CITY-ST-ZIP		
TITLE	Sec. Treas.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Evelyn H. Buzbee		4.2 NAME		
STREET ADDRESS	RT 3 BOX 255 Hwy 19S		4.3 STREET ADDRESS		
CITY-ST-ZIP	Monticello, Fl 32344		4.4 CITY-ST-ZIP		
TITLE	Board Member D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Richard H. Wright		5.2 NAME		
STREET ADDRESS	220 washington st		5.3 STREET ADDRESS		
CITY-ST-ZIP	monticello, FL		5.4 CITY-ST-ZIP		
TITLE	Board Member D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Dan Thomberlin		6.2 NAME		
STREET ADDRESS	~~RT 3 Box 255~~ 220 washington st		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~Monticello, FL~~		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Phillip Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/97 Date

904/997-1537 Daytime Phone #