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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002251 (6)

1. Corporation Name

Dominion Ministries and Worship Center, Inc

Principal Place of Business

Mailing Address

Rt 5 Box 54101
Monticello, FL
32344

Rt 1 Box 117-A
Lamont, FL
32336

3. Date Incorporated or Qualified

3a. Date of Last Report

5/5/94

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

Applied For

59-3244484

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

Rev. J. Phillip Kirkland
Rt 1 Box 117-A
Lamont, FL 32336

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman D
NAME Rev. J. Phillip Kirkland
STREET ADDRESS Rt 1 Box 117-A
CITY-ST-ZIP Lamont, FL 32336 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
900002349289-6
-11/17/97--01117--011
*****61.25 *****61.25

TITLE President D
NAME Sandra Kirkland
STREET ADDRESS Rt 1 Box 117-A
CITY-ST-ZIP Lamont, FL 32336 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Sec. Treas.
NAME Debra Robertson
STREET ADDRESS P.O. Box 254 NA
CITY-ST-ZIP Monticello, FL 32345 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Board member D
NAME Rev. Dan Tomberlin
STREET ADDRESS Rt 5 Box 54101
CITY-ST-ZIP Monticello, FL 32344 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Board member
NAME Rev. John Johnson
STREET ADDRESS Rt 5 Box 54101
CITY-ST-ZIP Monticello, FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Board member
NAME Rev. Richard Wright
STREET ADDRESS Rt 5 Box 54101
CITY-ST-ZIP Monticello, FL 32344 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Rev. J. Phillip Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/17/97
Daytime Phone # 850/997-0767

CR2E037 (9/96)