

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750292

**Entity Name:** HIGHER DIMENSION MINISTRIES, INC.**Current Principal Place of Business:**815 ELIZABETH STREET  
WAYCROSS, GA 31501**Current Mailing Address:**P O BOX 663  
WAYCROSS, GA 31501**FEI Number:** 59-1997356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUE DIANE.  
11480 N.W. 11TH AVE  
MIAMI, FL 33168 US*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**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PD                  |
| Name            | DIANE BLUE- APOSTLE |
| Address         | 349 PINEVIEW DRIVE  |
| City-State-Zip: | WAYCROSS GA 31501   |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | QUENTALLE THOMPkins   |
| Address         | 1216 ELIZABETH STREET |
| City-State-Zip: | WAYCROSS GA 31501     |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | SAUNDERS, BARBARA   |
| Address         | 503 N. NICHOLLS ST. |
| City-State-Zip: | WAYCROSS GA 31503   |

|                 |                     |
|-----------------|---------------------|
| Title           | PD                  |
| Name            | BETHEA LECREASH.    |
| Address         | 11480 N.W. 11TH AVE |
| City-State-Zip: | MIAMI FL 33168      |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | WILLIAMS, EILEEN      |
| Address         | 1214 ELIZABETH STREET |
| City-State-Zip: | WAYCROSS GA 31501     |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | SACCOCIO, LISA M    |
| Address         | 710 ST. MARYS DRIVE |
| City-State-Zip: | WAYCROSS GA 31501   |

*I hereby 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 all other like empowered.*

**SIGNATURE:** EILEEN WILLIAMS**SECRETARY****05/12/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date