

2013 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 CHARLES
Address	349 PINEVIEW DRIVE
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	416 REED 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****05/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date