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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003839

1. Corporation Name

DIMENSIONS MINISTRIES, INC.

Principal Place of Business
PO BOX 189
MELBOURNE FL 32902-0189

Mailing Address
PO BOX 189
MELBOURNE FL 32902-0189



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7378901

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, JAC R
1900 SO HARBOR CITY BLVD. STE 111
MELBOURNE FL 32901

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 CD
NAME TAYLOR, TIM P REV.
STREET ADDRESS 3600 KAMER MILLER RD
CITY-ST-ZIP NEW ALBANY IN 47150

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SNELL, BILL REV.
STREET ADDRESS 1409 SHERRI MAR ST
CITY-ST-ZIP LONGMONT CO 80501

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

TITLE D
NAME HUTCHISON, JOE
STREET ADDRESS 29199 BOERNE STAGE RD
CITY-ST-ZIP BOERNE TX 78006

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

TITLE D
NAME STONE, JIM
STREET ADDRESS 1001 MERRICK DRIVE
CITY-ST-ZIP LEXINGTON KY 40502

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

TITLE P
NAME TAYLOR, JACK R REV.
STREET ADDRESS 995 NO A1A STE 104
CITY-ST-ZIP INDIALANTIC FL 32903

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

TITLE V
NAME TAYLOR, BARBARA S
STREET ADDRESS 995 NO A1A STE 104
CITY-ST-ZIP INDIALANTIC FL 32903

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

14. I 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, with all other like empowered.

SIGNATURE: Jack R. Taylor SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)