

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003839

1. Entity Name

DIMENSIONS MINISTRIES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90103 009 ****61.25

Principal Place of Business

Mailing Address

PO BOX 189
MELBOURNE FL 32902-0189

PO BOX 189
MELBOURNE FL 32902-0189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7378901

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 18, 2000 (409) 984-8355