


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003839	
1. Entity Name DIMENSIONS MINISTRIES, INC.	

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



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7378901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, JACK R 1900 SO HARBOR CITY BLVD. STE 111 MELBOURNE, FL 32901
--

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO TAYLOR, TIM P REV. 101 SUMMIT COVE TROPHY, TX 76262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNELL, BILL REV 801 RIVER BEND BLVD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHISON, JOE 28189 BOERNE STAGE RD BOERNE, TX 78008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, JIM 1001 MERRICK DRIVE LEXINGTON, KY 40502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, JACK R REV. 995 N ALA #510 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000444639
03/07/06-80010-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, '06 (321) 984-2351