

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003839

FILED
Mar 30, 2007
Secretary of State

Entity Name: DIMENSIONS MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 189
MELBOURNE, FL 329020189

New Principal Place of Business:

1900 SOUTH HARBOR CITY BLVD
SUITE 111
MELBOURNE, FL 32901

Current Mailing Address:

PO BOX 189
MELBOURNE, FL 329020189

New Mailing Address:

FEI Number: 23-7378901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TAYLOR, TIM P REV.
Address: 101 SUMMIT COVE
City-St-Zip: TROPHY, TX 76262

Title: VD () Delete
Name: SNELL, BILL REV
Address: 801 RIVER BEND BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HUTCHISON, JOE
Address: 29199 BOERNE STAGE RD
City-St-Zip: BOERNE, TX 78006

Title: D () Delete
Name: STONE, JIM
Address: 1001 MERRICK DRIVE
City-St-Zip: LEXINGTON, KY 40502

Title: PD () Delete
Name: TAYLOR, JACK R REV.
Address: 995 N ALA #510
City-St-Zip: INDIALANTIC, FL 32903

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: TAYLOR, FRIEDE
Address: 995 N A1A #510
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK R. TAYLOR

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03/30/2007

Electronic Signature of Signing Officer or Director

Date