

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003839

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** DIMENSIONS MINISTRIES, INC.

**Current Principal Place of Business:**

1900 SOUTH HARBOR CITY BLVD  
SUITE 111  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**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  
Name: TAYLOR, TIM P REV.  
Address: 101 SUMMIT COVE  
City-St-Zip: TROPHY, TX 76262

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

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

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

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

Title: V  
Name: TAYLOR, WILFRIEDE  
Address: 995 N A1A #510  
City-St-Zip: INDIALANTIC, FL 32903

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: JACK R. TAYLOR

PRES

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date