

9/6/01-90274-050-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000002283**
 1. Entity Name
Miracles Within Dimensions International Church Association, Inc.

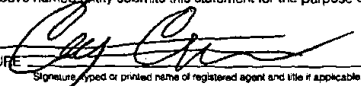
Principal Place of Business Mailing Address
11 Clear Lane **Same**
Ocala, FL 34472

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3641251** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Guy Garman
3801 S. Ocean Dr. 42
Hollywood, FL 33019

7. Name and Address of New Registered Agent
 Name **Rebecca McKay**
 Street Address (P.O. Box Number is Not Acceptable)
11 Clear Lane
 City **Ocala** FL Zip Code **34472**

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  **Rebecca A. McKay** **4/30/2001**
 (NOTE: Registered Agent signature required when registering.) 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P/D **George McKay III** **11 Clear Lane** **Ocala, FL 34472** ☐ Delete
 V/P **Rebecca McKay** **11 Clear Lane** **Ocala, FL 34472** ☐ Delete
 S/D **Latwanda Slaughter** **808 Lady Mary #14** **Clearwater, FL** ☐ Delete
 T/D **George Higgins III** **9407 Hildrop Ct.** **Tampa, FL 33615** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: **Rebecca A. McKay** **Rebecca A. McKay** **4-30-2001** **(352) 687-2437**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 SEP 24 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)