

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90055 001 ***210.00

DOCUMENT # **N000000002283**

1. Entity Name

miracles within Dimensions International church Assoc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

39340 US 19 N

3. Mailing Address

P.O. Box 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

59-3641257

Applied For

Not Applicable

Zip

34689

Country

United States

Zip

34689

Country

United States

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

George M^cKay III

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

1013 Brass lane

City

Holiday

FL

Zip Code

34691

**DO NOT WRITE
IN THIS SPACE**

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

George M^cKay III (Pastor)

George M^cKay III

6/18/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	P	Apostle George M^cKay III
NAME		1013 Brass lane
STREET ADDRESS		Holiday, FL 34691
CITY-ST-ZIP		
TITLE	V	Dr. Rebecca A. M^cKay
NAME		1013 Brass lane
STREET ADDRESS		Holiday, FL 34691
CITY-ST-ZIP		
TITLE	T	Pastor Latwonda Slaughter
NAME		1909 Elliot Dr.
STREET ADDRESS		Clearwater, FL 33763
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

George M^cKay III George M^cKay III

(727) 942-9826

CR2E037B (12/01)