

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 91773 035 ****70.00

DOCUMENT # N00000002283



1. Entity Name
**MIRACLES WITHIN DIMENSIONS INTERNATIONAL CHURCH
ASSOCIATION, INC.**

Principal Place of Business
**39340 US 19 NORTH
TARPON SPRINGS FL 34689**

Mailing Address
**P.O. BOX 312
TARPON SPRINGS FL 34689**

33096331

2. Principal Place of Business
39340 US 19 North
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 312
Suite, Apt. #, etc.

City & State
Tarpon Springs, FL
Zip
34689
County
North America

City & State
Tarpon Springs, FL
Zip
34689
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4. FEI Number **59-3641257**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKAY, GEORGE III
1013 BRASS LANE
HOLIDAY FL 34691**

Name **George McKay III**
Street Address (P.O. Box Number is Not Acceptable)
9407 Hilldrop Ct.
City **Tampa, Florida** FL Zip Code **33615**

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

SIGNATURE **George McKay III**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD MCKAY, GEORGE III** ☐ Delete
STREET ADDRESS **1013 BRASS LANE**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE
NAME **VD MCKAY, REBECCA DR.** ☐ Delete
STREET ADDRESS **1013 BRASS LANE**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE
NAME **T SLAUGHTER, LATWONDA** ☒ Delete
STREET ADDRESS **1809 ELLIOT DR**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **President George McKay III PD** ☐ Change ☐ Addition
STREET ADDRESS **9407 Hilldrop Ct.**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE
NAME **Vice-President Rebecca A. McKay VD** ☐ Change ☐ Addition
STREET ADDRESS **9407 Hilldrop Ct.**
CITY-ST-ZIP **Tampa, Florida 33615**

TITLE
NAME **Treasurer George Higgins III TD** ☐ Change ☒ Addition
STREET ADDRESS **9407 Hilldrop Ct.**
CITY-ST-ZIP **Tampa, Florida 33615**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 (813) 249-7952
Date Daytime Phone #

CR2E037 (10/02)