

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006767

FILED  
Mar 17, 2005  
Secretary of State

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

**Current Principal Place of Business:**

402 LARGOVISTA DR.  
OAKLAND, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

402 LARGOVISTA DR.  
OAKLAND, FL 34787

**New Mailing Address:**

**FEI Number:** 59-3747867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, LORETTA  
402 LARGOVISTA DR.  
OAKLAND, FL 34787 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: D ( ) Delete  
Name: HARRIS, LORETTA  
Address: 402 LARGOVISTA DR.  
City-St-Zip: OAKLAND, FL 34787

Title: D ( ) Delete  
Name: CLEMENT, MICHAEL  
Address: 4113 S SEMORAN BLVD #4  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: BLUE, MERCEDES  
Address: 4408 EDMOND AVE  
City-St-Zip: DELTONA, FL 32817

Title: D ( ) Delete  
Name: VANN, DONNA  
Address: 7018 IRONWOOD DR  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: HOLMES, PAULA  
Address: 40716 S RIO GRANDE #30  
City-St-Zip: ORLANDO, FL 32839

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORETTA HARRIS

D

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date