

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 12, 2007 8:00 am
Secretary of State

5/:

05-10-2007 90021 025 ****70.00

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DOCUMENT # N06000002725			
1. Entity Name THIRD DIMENSION MINISTRIES INCORPORATED, NORTH AMERICA			
Principal Place of Business 10624 MEADOWLEA DRIVE JACKSONVILLE, FL 32218		Mailing Address 10624 MEADOWLEA DRIVE JACKSONVILLE, FL 32218	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11741 Tortoise Way N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32256	US

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number: **06-1771571** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent WILSON, APRIL 10624 MEADOWLEA DRIVE JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent	
		Name Waltina Bellamy	
		Street Address (P.O. Box Number is Not Acceptable) 11741 tortoise Way N.	
		City Jacksonville	FL Zip Code 32218

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 *Waltina Bellamy* DATE **5-6-2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2007** 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, SHOWALTER PASTOR WEST RIDGE NASSAU, BAHAMAS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, APRIL 10624 MEADOWLEA DRIVE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Waltina Bellamy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11741 Tortoise Way N. Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROLLE, RUDOLPH QT 2285 NASSAU, BAHAMAS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Block 4 FEIN number has been entered to report as requested

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Waltina Bellamy

5-6-2007