

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

16 FEB -2 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13000011243

1. Entity Name
HIGHER DIMENSION CHURCH, TALLAHASSEE, INC.



Principal Place of Business
9398 WINDAM WAY
TALLAHASSEE, FL 32312

Mailing Address
9398 WINDAM WAY
TALLAHASSEE, FL 32312



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022016 REIN-NP

CR2E099 (12/11)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLLINS, CARLOS L
9398 WINDAM WAY
TALLAHASSEE, FL 32312

Name

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

City

FL

Zip Code

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

Carlos L. Collins

FEB 2, 2016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$236.25
After January 1, 2017, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, CARLOS L	
STREET ADDRESS	9398 WINDAM WAY	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLINS, NICKY E	
STREET ADDRESS	9398 WINDAM WAY	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYS, LAKESHIA	
STREET ADDRESS	9398 WINDAM WAY	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, TAMMY S	
STREET ADDRESS	1793 DAY CT	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLADE, ALZO	
STREET ADDRESS	3108 HAWKSLANDING DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	02/03/16--01002--006	**297.50
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100281723761	
STREET ADDRESS	02/03/16--01002--006	**297.50
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	
STREET ADDRESS	SAMANTHA S. STEWART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	1445 CRESCENT HILLS DR.	
	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

REINSTATEMENT

2014 - 2016

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.

SIGNATURE:

Carlos L. Collins

CARLOS L. COLLINS@YAHOO.COM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS