2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# N95000001101

Entity Name: GREATER DIMENSION MINISTRIES, INC.

Current Principal Place of Business:

108 MEDICAL CENTER AVE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1575
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSBORNE, CHET
721 SPORTSMAN AVE
SEBRING, FL 33875 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: PD ( ) Delete
Name: OSBORNE, CHET
Address: 721 SPORTMAN AVE
City-St-Zip: SEBRING, FL 33875

Title: VD ( ) Delete
Name: OSBORNE, NURMAL J
Address: 721 SPORTMAN AVE
City-St-Zip: SEBRING, FL 33875

Title: TD ( ) Delete
Name: WILLIAMS, ANGELA M
Address: P.O. BOX 1429
City-St-Zip: LAKE PLACID, FL 33862

Title: S ( ) Delete
Name: PRINCESS, SHANNON
Address: 1332 GARWOOD AVE
City-St-Zip: SEBRING, FL 33870

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PASTOR CHET OSBORNE PAST 08/25/2009
Electronic Signature of Signing Officer or Director — Date