

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003949

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC6404106795**

**Entity Name:** GREAT COMMISSION FOUNDATION, INC.

**Current Principal Place of Business:**

4720 CLEVELAND HEIGHTS BLVD.  
SUITE 303  
LAKELAND, FL 33813

**Current Mailing Address:**

4720 CLEVELAND HEIGHTS BLVD.  
SUITE 303  
LAKELAND, FL 33813

**FEI Number: 59-3649265**

**Certificate of Status Desired: No**

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

DENNIS, LARRY D  
4720 CLEVELAND HEIGHTS BLVD.  
SUITE 303  
LAKELAND, FL 33813 US

*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

**Officer/Director Detail :**

Title PD  
Name SMITH, DONALD M  
Address 259 RUBY LAKE LANE  
City-State-Zip: WINTER HAVEN FL 33884

Title STD  
Name WILLIAMS, BRENT  
Address 288 CRYSTAL GROVE BLVD.  
City-State-Zip: LUTZ FL 33548

Title D  
Name DENNIS, LARRY D  
Address 4720 CLEVELAND HGTS BLVD., STE 303  
City-State-Zip: LAKELAND FL 33813

Title VP  
Name PATRICK, MARK  
Address 4029 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name RAMSEY, DAVID P.  
Address 529 LAKE CAROLYN CIR.  
City-State-Zip: LAKELAND FL 33813

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID RAMSEY**

**DIRECTOR**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date