

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 031 \*\*\*\*61.25

DOCUMENT # 761718

1. Entity Name

THE GREAT COMMISSION, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5400 LA MOYA AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 37893

Suite, Apt. #, etc.

#7

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32210

Country

USA

Zip

32236

Country

USA

4. FEI Number

59-2252633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E037B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DORGBADZI, EMMANUEL

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

5400 LA MOYA AVE. #7

City

JACKSONVILLE

**FL**

Zip Code

32210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

9. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORGBADZI, EMMANUEL 5400 LA MOYA AVE #7 JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORGBADZI, PATRICIA A. 5400 LA MOYA AVE #7 JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CRAIG 12924 DWIGHT STREET HERNDON VA 20171	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JEAN 4028 SKYCREST DRIVE JACKSONVILLE, FL 32236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, VICKY 3968 PACKARD DRIVE JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, FRANCES 71 PEREGRINE CROSSING SAVANNAH GA 31411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Ann Dorgbadzi* (PATRICIA ANN DORGBADZI) 2-11-06 (904) 908-5114