

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90092 011 ****61.25

DOCUMENT # **761718**

1. Entity Name

THE GREAT Commission, INC.



DO NOT WRITE IN THIS SPACE

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

5400 LA MOYA AVE.

Suite, Apt. #, etc.

#7

3. Mailing Address

P.O. Box 37893

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32210

Country

U.S.

Zip

32236

Country

U.S.

4. FEI Number

59-2252633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

**DO NOT WRITE
IN THIS SPACE**

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 **PD**
NAME **DORGBADZI, EMMANUEL**
STREET ADDRESS **5400 LA MOYA AVE. #7**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **T**
NAME **DORGBADZI, PATRICIA A.**
STREET ADDRESS **5400 LA MOYA AVE. #7**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D**
NAME **SMITH, CRAIG**
STREET ADDRESS **15505 E. TELEGRAPH DR.**
CITY-ST-ZIP **FOUNTAIN HILLS, AZ 85268**

TITLE **D**
NAME **DAVIS, JEAN**
STREET ADDRESS **4028 SKYCREST DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32236**

TITLE **S**
NAME **CARTER, VICKY**
STREET ADDRESS **3968 PACKARD DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D**
NAME **JOHNS, FRANCES**
STREET ADDRESS **71 PEREGRINE CROSSING**
CITY-ST-ZIP **SAVANNAH, GA 31411**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Ann Dorgbadzi (PATRICIA ANN DORGBADZI)** 1-8-08 (904) 908-5114