

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761718

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE GREAT COMMISSION, INC.

Current Principal Place of Business:

5400 LA MOYA AVE.
#7
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37893
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-2252633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORGBADZI, EMMANUEL
5400 LA MOYA AVE. #7
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

DORGBADZI, PATRICIA A
5400 LA MOYA AVE. #7
JACKSONVILLE, FL 32210 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: PATRICIA ANN DORGBADZI

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DORGBADZI, EMMANUEL,
Address: 5400 LA MOYA AVE #7
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: DORGBADZI, PATRICIA, A.
Address: 5400 LA MOYA AVE #7
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SMITH, CRAIG
Address: 15505 E TELEGRAPH DR
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: D () Delete
Name: DAVIS, JEAN,
Address: 4028 SKYCREST DRIVE
City-St-Zip: JAX, FL 32236

Title: S () Delete
Name: CARTER, VICKY
Address: 3968 PACKARD DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete
Name: JOHNS, FRANCES
Address: 71 PEREGRINE CROSSING
City-St-Zip: SAVANNAH, GA 31411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DORGBADZI, PATRICIA, A.
Address: 5400 LA MOYA AVE #7
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: JOHNS, FRANCES
Address: 71 PEREGRINE CROSSING
City-St-Zip: SAVANNAH, GA 31411

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: PATRICIA ANN DORGBADZI

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date