

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001287

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: DIMENSION OF PRAISE, INC.

## Current Principal Place of Business:

580 ELLIS RD  
STE 112  
JACKSONVILLE, FL 32254 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6726  
JACKSONVILLE, FL 32236 US

## New Mailing Address:

FEI Number: 59-3707866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, CAROL  
1859 MT VERNON DR  
JACKSONVILLE, FL 32210 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: BAKER, CAROL D  
Address: 1859 MT VERNON DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete  
Name: BAKER, ROBERT E  
Address: 1849 MT VERNON DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TSD ( ) Delete  
Name: MCCLELLON, HENDRELLA  
Address: 1701 LAKESHORE BLVD. APT 306  
City-St-Zip: JACKSONVILLE, FL 32210

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL BAKER

DR.

04/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date