

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001287

FILED
Apr 17, 2009
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:

1859 MOUNT VERNON DRIVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

7777 NORMANDY BLVD.
816
JACKSONVILLE, FL 32221 US

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:

BAKER, CAROL
7777 NORMANDY BLVD.
816
JACKSONVILLE, FL 32221 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: CAROL BAKER

04/17/2009

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: PD (X) Change () Addition
Name: BAKER, CAROL D
Address: 7777 NORMANDY BLVD. APT. 816
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD (X) Change () Addition
Name: BAKER, BRITNEY D
Address: 7777 NORMANDY BLVD. APT. 816
City-St-Zip: JACKSONVILLE, FL 32221

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: PASTOR CAROL BAKER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date