

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90073 048 ****61.25

DOCUMENT # N95000001101

1. Entity Name
GREATER DIMENSION MINISTRIES, INC.



Principal Place of Business
**108 MEDICAL CENTER AVE
SEBRING, FL 33870 US**

Mailing Address
**P.O. BOX 1575
SEBRING, FL 33871 US**

40124103



07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSBORNE, CHET
721 SPORTSMAN AVE
SEBRING, FL 33875**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSBORNE, CHET
STREET ADDRESS	721 9TH AVE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VD
NAME	OSBORNE, NURMAL J
STREET ADDRESS	721 9TH AVE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	TD
NAME	WILLIAMS, ANGELA M
STREET ADDRESS	P.O. BOX 1429
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	S
NAME	PRINCESS, SHANNON
STREET ADDRESS	1332 GARWOOD AVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	PD
NAME	OSBORNE, CHET
STREET ADDRESS	721 SPORTSMAN AVE
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	VD
NAME	OSBORNE, NURMAL J.
STREET ADDRESS	721 SPORTSMAN AVE
CITY-ST-ZIP	SEBRING, FL 33875

**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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Chet Osborne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07
Date Daytime Phone #