

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004145

1. Entity Name

GREATER DIMENSIONS CHRISTIAN ASSEMBLY, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 007 ****70.00

Principal Place of Business

Mailing Address

13810 SUTTON PARK DR
#922
JACKSONVILLE FL 32224
US

13810 SUTTON PARK DR
#922
JACKSONVILLE FL 32224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, DEBRA
13810 SUTTON PARK DR N #922
JACKSONVILLE FL 32224-4253

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILLIAMS, DEBRA DR
STREET ADDRESS 13810 SUTTON PARK DR N #922
CITY-ST-ZIP JACKSONVILLE FL 32224-4253

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BOYD, CHARLENE
STREET ADDRESS 8401 CRAMPELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PARKER, JOHNNIE M
STREET ADDRESS 1104 WEARE ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME POPE, BETTY BROWN
STREET ADDRESS 4522 HIGHLAND COURT
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SYKES, MYRTICE
STREET ADDRESS 2619 D 19TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00

Date

(904) 992-9801

Daytime Phone #