

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004145

FILED
Feb 10, 2004
Secretary of State**Entity Name:** GREATER DIMENSIONS CHRISTIAN ASSEMBLY, INC.**Current Principal Place of Business:**2443 AUBREY AVENUE
JACKSONVILLE, FL 32208 US**New Principal Place of Business:**1680 DUNN AVENUE SUITE 2
JACKSONVILLE, FL 32218 US**Current Mailing Address:**2443 AUBREY AVENUE
JACKSONVILLE, FL 32208 US**New Mailing Address:****FEI Number:** 59-3454075 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CURINGTON, DEBRA DR.
2443 AUBREY AVENUE
JACKSONVILLE, FL 32208 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:** T () Delete
Name: BOYD, CHARLENE
Address: 8401 GRAMPELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32221 US**Title:** ST () Delete
Name: PARKER, JOHNNIE M
Address: 1104 WEARE STREET
City-St-Zip: JACKSONVILLE, FL 32206**Title:** D () Delete
Name: POPE, BETTYE B
Address: 7507 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32207**Title:** P () Delete
Name: CURINGTON, DEBRA
Address: 2443 AUBREY AVENUE
City-St-Zip: JACKSONVILLE, FL 32208**Title:** D () Delete
Name: OWENS, GWENDOLYN
Address: 588 WHITFIELD ROAD
City-St-Zip: JACKSONVILLE, FL 32221**Title:** D () Delete
Name: INGS, JAMES
Address: 1828 DAYTONA LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BOYD, CHARLENE
Address: 8401 GRAMPELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32221 US**Title:** D (X) Change () Addition
Name: PARKER, JOHNNIE M
Address: 1104 WEARE STREET
City-St-Zip: JACKSONVILLE, FL 32206**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 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 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: ELWYN CURINGTON

VP

02/10/2004

Electronic Signature of Signing Officer or Director

Date

ELWYN H. CURINGTON (VP)
2443 AUBREY AVE.
JAX., FL 32208

ESTHER POITIER (D)
4739 DERRICKSON CT.
JAX., FL 32210

JUANITA INGS (S)
1828 DAYTONA LN. N.
JAX., FL 32218

IRIS OWENS (T)
7635 TIMBERLINE PARK BLVD.
JAX. , FL 32256