2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N97000004145

Entity Name: GREATER DIMENSIONS CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

1680 DUNN AVENUE SUITE 2
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

2443 AUBREY AVENUE
JACKSONVILLE, FL 32208 US

New Mailing Address:

1680 DUNN AVENUE
2
JACKSONVILLE, FL 32218 US

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:	D	( ) Delete
Name:	BOYD, CHARLENE	
Address:	8401 GRAMPELL DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32221 US	
Title:	D	( ) 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:	( ) 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:	
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: GWENDOLYN OWENS D 04/24/2006

Electronic Signature of Signing Officer or Director — Date