

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004145

FILED  
Jul 16, 2007  
Secretary of State

**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:**

1680 DUNN AVENUE  
2  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 59-3454075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 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

DIR

07/16/2007

Electronic Signature of Signing Officer or Director

Date