

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004145

FILED
Apr 29, 2009
Secretary of State

Entity Name: GREATER DIMENSIONS CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

1680 DUNN AVENUE SUITES 1 & 2
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

1680 DUNN AVENUE
1 & 2
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-3454075 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CURINGTON, DEBRA DR.
11428 JERRY ADAM DRIVE
JACKSONVILLE, FL 32218 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: T () Delete
Name: PARKER, JOHNNIE M
Address: 1104 WEARE STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: COLEMAN, NELL J
Address: 2837 SATURN AVENUE
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: P () Delete
Name: CURINGTON, DEBRA
Address: 11428 JERRY ADAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP () Delete
Name: CURINGTON, ELWYN H
Address: 11428 JERRY ADAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: WALKER, LASHALL Y
Address: 3925 CEDAR BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LOTT, EZRA
Address: 612 BEVILLE ST.
City-St-Zip: WAYCROSS, GA 31501

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: SVP (X) Change () Addition
Name: CURINGTON, ELWYN H
Address: 11428 JERRY ADAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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: EZRA L. LOTT

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date