

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008988

FILED
Apr 30, 2021
Secretary of State
5308075695CC

Entity Name: DEEPER FELLOWSHIP MINISTRIES INTERNATIONAL
INCORPORATED

Current Principal Place of Business:

4400 S ORANGE AVE
ORLANDO, FL 32806

Current Mailing Address:

4400 S ORANGE AVE
ORLANDO, FL 32806 US

FEI Number: 30-0749748

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCDOWELL, PAULINE
5009 SAN MARINO CIRCLE
LAKE MARY, FL 32746 US

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

Officer/Director Detail :

Title PRESIDENT
Name MCDOWELL, WILLIAM
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title TREASURER, SECRETARY
Name MCDOWELL, PAULINE
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name MCDOWELL, LATAE
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title VP
Name MCMULLEN, JASON
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name GARLINGTON, JOSEPH
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name BELL, JERRY
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name STOCKSTILL, JONATHAN
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name HANNAH, JOHN
Address 4400 S ORANGE AVE
City-State-Zip: ORLANDO FL 32806

I hereby 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 all other like empowered.

SIGNATURE: PAULINE MCDOWELL

**TREASURER;
SECRETARY**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date