

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008816

Entity Name: DEEP ADVENTURE MINISTRIES INC**Current Principal Place of Business:**830 N ATLANTIC AVE APT B504
COCOA BEACH, FL 32931**Current Mailing Address:**830 N ATLANTIC AVE APT B504
COCOA BEACH, FL 32931 UN**FEI Number:** 46-3758365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOZNICK, BEAR
830 N ATLANTIC AVE APT B504
COCOA BEACH, FL 32931 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	P,VP
Name	WOZNICK, BEAR
Address	830 N ATLANTIC AVE APT B504
City-State-Zip:	COCOA BEACH FL 32931

Title	S, T
Name	WOZNICK, BEAR
Address	830 N ATLANTIC AVE APT B504
City-State-Zip:	COCOA BEACH 32931

Title	DIRECTOR
Name	WOZNICK, CYNTHIA
Address	830 N ATLANTIC AVE APT B504
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	LUNDY, EILEEN
Address	830 N ATLANTIC AVE APT B504
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	SIMMS, CHRISTOPHER
Address	830 N ATLANTIC AVE APT B504
City-State-Zip:	COCOA BEACH FL 32931

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: BEAR WOZNICK**PRESIDENT****01/18/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date