

2019 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 DIRECTOR
Name DAVIS, CYNTHIA
Address 830 N ATLANTIC AVE APT B504
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name MARKHAM, DAN'L
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 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**PRES****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date