

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90077 033 ****70.00

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1. Entity Name
DEEPER LIFE BIBLE CHURCH, INC.



Principal Place of Business
704 GOLDCOAST DRIVE
DELTONA, FL 32725

Mailing Address
704 GOLDCOAST DRIVE
DELTONA, FL 32725



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1073331

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGUNRINDE, DANIEL O
29 GOLF TERRACE DRIVE #208
WINTER SPRINGS, FL 32708

NEW ADDRESS
704 GOLDCOAST
DRIVE
DELTONA
FL 32725

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-06

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<i>NEW ADDRESS</i>
NAME	OGUNRINDI, DANIEL O	
STREET ADDRESS	29 GOLF TERRACE DRIVE #208	704 GOLDCOAST
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	DRIVE DELTONA FL 32725
TITLE	T	<i>NEW ADDRESS</i>
NAME	OGUNRINDI, FELECIA	
STREET ADDRESS	29 GOLF TERRACE DRIVE #208	704 GOLDCOAST
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	DRIVE DELTONA FL 32725
TITLE	D	<i>NEW ADDRESS</i>
NAME	DADA, MICHAEL	
STREET ADDRESS	29 GOLF TERRACE DRIVE #208	704 GOLDCOAST
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	DRIVE DELTONA FL 32725
TITLE	D	<i>NEW ADDRESS</i>
NAME	KUMUYI, WILLIAM	
STREET ADDRESS	29 GOLF TERRACE DRIVE #208	704 GOLDCOAST
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	DRIVE DELTONA FL 32725

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07 (386-860-4094)