


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 025 ****70.00

DOCUMENT # N0300000 6161	
1. Entity Name DEEPER LIFE BIBLE CHURCH INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 704 GOLDCOAST DRIVE DELTONA, FL 32725		3. Mailing Address 704 GOLDCOAST DRIVE DELTONA, FL 32725	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40014305 ✓

CR2E037B (5/07)

4. FEI Number 86-1073331		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ogunrinde, Daniel O.	
	Street Address (P.O. Box Number is Not Acceptable) 704 GOLDCOAST DRIVE DELTONA, FL 32725	
	City FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

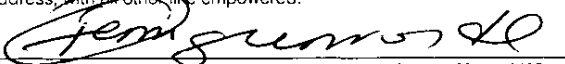
**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OGUNRINDE, DANIEL O 704 GOLDCOAST DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. OGUNRINDE FELICIA 704 GOLDCOAST DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DADA MICHAEL 704 GOLDCOAST DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KUMUYI WILLIAM 704 GOLDCOAST DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 on an attachment with an address, with all officers and directors empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-08 (386 860-4094)