

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20404

(2)

1. Corporation Name

DEEPER LIFE CHRISTIAN MINISTRY INC.

Principal Place of Business

Mailing Address

1527 SW ARGYLE DR.
P. O. BOX 693
FT. LAUDERDALE FL 33302

1527 SW ARGYLE DR.
P. O. BOX 693
FT. LAUDERDALE FL 33302

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

ORIGHO, CHRISTOPHER C.
1119 N.W. 10TH PL.
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

04/29/1987

4. FEI Number

59-2747784

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

NA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ORIGHO, CHRISTOPHER C.
STREET ADDRESS 1119 N.W. 10TH PL.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE D
NAME ORIGHO, DAPHENY M.
STREET ADDRESS 1517 SW ARGYLE DR.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE SD
NAME JULIUS, MARTHA
STREET ADDRESS 1300 SW 34TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE TD
NAME JULIUS, ALBERT
STREET ADDRESS 1300 SW 34TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE VD
NAME WILLIAMS, A. VIRGINIA
STREET ADDRESS 5711 NW 27 CT.
CITY-ST-ZIP LAUDERHILL FL

DELETE

TITLE ATD
NAME KWANE, TWENEBOAH
STREET ADDRESS 4033 LAKESIDE DR.
CITY-ST-ZIP TAMARAC, FL 33319

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher C. Origo C. ORIGHO president 7/8/98 954 462-5364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 16 1998 8:00am
Secretary of State

