

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 047 ****70.00

DOCUMENT # N20404

1. Corporation Name

DEEPER LIFE CHRISTIAN MINISTRY INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/29/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2747784
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	ORIGHO, CHRISTOPHER C.	1.2 NAME	
STREET ADDRESS	1119 N.W. 10TH PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	ORIGHO, DAPHENY M.	2.2 NAME	
STREET ADDRESS	1517 SW ARGYLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	JULIUS, MARTHA	3.2 NAME	
STREET ADDRESS	1360 SW 34TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	JULIUS, ALBERT	4.2 NAME	
STREET ADDRESS	1360 SW 34TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	WILLIAMS, A. VIRGINIA	5.2 NAME	
STREET ADDRESS	5711 NW 27 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	KWANE, TWENEBOAH	6.2 NAME	
STREET ADDRESS	4033 LAKESIDE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	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)(i), 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, with all other like empowered.

SIGNATURE:

CHRISTOPHER C. ORIGHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 984 462-531

Date

Daytime Phone #