

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20404

FILED
Jun 30, 2009
Secretary of State

Entity Name: DEEPER LIFE CHRISTIAN MINISTRY INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2747784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORIGHO, CHRISTOPHER C.
Address: 1119 N.W. 10TH PL.
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: ORIGHO, DAPHENY M.
Address: 1517 SW ARGYLE DR.
City-St-Zip: FT. LAUDERDALE, FL

Title: SD () Delete
Name: JULIUS, MARTHA
Address: 1360 SW 34TH AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: TD () Delete
Name: DIAZ, MARIA A
Address: 331 NW 48TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: WILLIAMS, A. VIRGINIA
Address: 5711 NW 27 CT.
City-St-Zip: LAUDERHILL, FL

Title: ATD () Delete
Name: KWANE, TWENEBOAH
Address: 4033 LAKESIDE DR.
City-St-Zip: TAMARAC, FL. 33319,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISORIGHO

PD

06/30/2009

Electronic Signature of Signing Officer or Director

Date