


FILE: NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90083 020 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42049 1. Corporation Name DEEPER WATERS CHRISTIAN CENTER, INC.					
Principal Place of Business 7541 LEM TURNER RD. JACKSONVILLE FL 32208 US			Mailing Address P.O. BOX 40692 JACKSONVILLE FL 32203 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/12/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3025601	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOORE, MYRUM 2529 MARCH HARE LANE JACKSONVILLE FL 32210				81 Name <u>James Douglas</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>6370 Toyota Dr.</u> 83 84 City <u>Jacksonville</u> FL 85 Zip Code <u>32244</u>	
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 <u>JAMES DOUGLAS</u>				DATE <u>4-16-99</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	

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"/> Addition		
NAME	ROZIER, HERBERT A		1.2 NAME				
STREET ADDRESS	1235 TURTLE CREEK DR. S.		1.3 STREET ADDRESS				
CITY-ST.-ZIP	JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROZIER, KAREN W		2.2 NAME				
STREET ADDRESS	1235 TURTLE CREEK DR. S.		2.3 STREET ADDRESS				
CITY-ST.-ZIP	JACKSONVILLE FL 32218		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WHITE, DANIEL B		3.2 NAME				
STREET ADDRESS	1645 6TH AVENUE NORTH		3.3 STREET ADDRESS				
CITY-ST.-ZIP	JACKSONVILLE FL 32250		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOORE, MYRUM		4.2 NAME	TD Simmons, Renee			
STREET ADDRESS	2529 MARCH HARE LANE		4.3 STREET ADDRESS	5753 Iris Blvd.			
CITY-ST.-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP	Jacksonville, FL 32209			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST.-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST.-ZIP			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: Herbert A. Rozier 4.25.99 (904) 765.100.1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #