

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42049

1. Entity Name

DEEPER WATERS CHRISTIAN CENTER, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90155 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7541 LEM TURNER RD.  
JACKSONVILLE FL 32208  
US

P.O. BOX 40692  
JACKSONVILLE FL 32203-0692  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3025601

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS, JAMES  
6370 TOYOTA DR  
JACKSONVILLE FL 32244

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ROZIER, HERBERT A  
STREET ADDRESS 1235 TURTLE CREEK DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ROZIER, KAREN W  
STREET ADDRESS 1235 TURTLE CREEK DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WHITE, DANIEL B  
STREET ADDRESS 1645 6TH AVENUE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME SIMMONS, RENEE  
STREET ADDRESS 5753 IRIS BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS McCANTS, SABRINA  
CITY-ST-ZIP 2611 LOWES PLACE  
JACKSONVILLE, FL. 32208

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert A. Rozier Herbert A. ROZIER 4.25.00 (904) 463-6757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)