

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42049

FILED
Apr 13, 2004
Secretary of State

Entity Name: DEEPER WATERS CHRISTIAN CENTER, INC.

Current Principal Place of Business:

7541 LEM TURNER RD.
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40692
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3025601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, JAMES
6370 TOYOTA DR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: ROZIERS, HERBERT A
Address: 1235 TURTLE CREEK DR. S.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: ROZIERS, KAREN W
Address: 1235 TURTLE CREEK DR. S.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: WHITE, DANIEL B
Address: 1645 6TH AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: TD () Delete
Name: MCCANTS, SABRINA
Address: 2611 LOWES PL
City-St-Zip: JACKSONVILLE, FL 32208

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERBERT A.ROZIERS

PD

04/13/2004

Electronic Signature of Signing Officer or Director

Date