

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49795**

1. Entity Name

DEEPER LIFE FULL GOSPEL BAPTIST FELLOWSHIP INTER**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90040 016 ****61.25

Principal Place of Business

**101-11 WEST 48TH STREET
JACKSONVILLE FL 32208
US**

Mailing Address

**ATTN: CHARLENE WILLIAMS
2373 MALLORY HILLS ROAD
JACKSONVILLE FL 32221
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135378

Applied For

Not Applicable

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

**WILLIAMS, KENNETH A.
101-11 WEST 48TH STREET
JACKSONVILLE FL 32208**

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 **SD** ☐ Delete
NAME **KELLY, JANET**
STREET ADDRESS **3952 ATLANTIC BLVD. #F11**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **WILLIAMS, KENNETH A**
STREET ADDRESS **2373 MALLORY HILLS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **WILLIAMS, CHARLENE S**
STREET ADDRESS **2373 MALLORY HILLS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☐ Delete
NAME **WALKER-AYBAR, ALLIE**
STREET ADDRESS **9580 HARRIET AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

CHARLENE WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/01 904-765-4057

CR2E037 (10/00)