

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90051 017 ****61.25

DOCUMENT # N49795

1. Entity Name

**DEEPER LIFE FULL GOSPEL BAPTIST FELLOWSHIP INTER
 NATIONAL, INC.**

Principal Place of Business

Mailing Address

~~101-11 WEST 40TH STREET~~
 JACKSONVILLE FL ~~32200~~
 US

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 7281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3135378

Applied For

Not Applicable

Zip

Country

32238

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, KENNETH A.
~~101-11 WEST 40TH STREET~~
~~JACKSONVILLE FL 32200~~

Name

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

2373 MALLORY HILLS RD.

City

Jacksonville

FL

Zip Code

32221

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	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	3952 ATLANTIC BLVD. #F11	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, KENNETH A	
STREET ADDRESS	2373 MALLORY HILLS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLENE S	
STREET ADDRESS	2373 MALLORY HILLS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALKER-AYBAR, ALLIE	
STREET ADDRESS	9580 HARRIET AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlene Williams

4/30/02

904.695.1957

Date

Daytime Phone #

CR2E037 (9/01)