

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N49795

**Entity Name:** DEEPER LIFE FULL GOSPEL BAPTIST FELLOWSHIP INTERNATIONAL, INC.

**Current Principal Place of Business:**

3060 LENOX AVE.  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: CHARLENE WILLIAMS  
P.O BOX 7281  
JACKSONVILLE, FL 32238 US

**New Mailing Address:**

**FEI Number:** 59-3135378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, KENNETH A.  
2373 MALLORY HILLS ROAD  
JACKSONVILLE, FL 32221 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: SD ( ) Delete  
Name: KELLY, JANET  
Address: 3952 ATLANTIC BLVD. #F11  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD ( ) Delete  
Name: WILLIAMS, KENNETH A  
Address: 2373 MALLORY HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete  
Name: WILLIAMS, CHARLENE S  
Address: 2373 MALLORY HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT (X) Delete  
Name: WALKER-AYBAR, ALLIE  
Address: 9580 HARRIET AVE.  
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: CHARLENE S. WILLIAMS

VP

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date