

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49795

FILED
May 03, 2008
Secretary of State

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

Current Principal Place of Business:

2373 MALLORY HILLS RD.
JACKSONVILLE, FL 32221 US

New Principal Place of Business:

Current Mailing Address:

ATTN: CHARLENE WILLIAMS
P.O BOX 37312
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-3135378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, KENNETH A PRES.
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: 6003 KELLOW DR.
City-St-Zip: JACKSONVILLE, FL 32216

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

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

VD

05/03/2008

Electronic Signature of Signing Officer or Director

_____ Date