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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004724 (1)**

1. Corporation Name
DEEPER LIFE FELLOWSHIP FULL GOSPEL,INC.

Principal Place of Business	Mailing Address
1726 15th Ave N LAKE WORTH FL 33460 US	P.O.Box 813 BOYNTON BCH FL 33425 US

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 03/07/96

2. Principal Place of Business
21 1726 15 TH AVE N
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH,FLORIDA
Zip 24 33460 Country 25 FLORIDA

2a. Mailing Address
26 same as above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0445312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX ☒ No

9. Name and Address of Current Registered Agent
HENRY,JAMES E
1726 15TH AVE N
LAKE WORTH,FL 33460

10. Name and Address of New Registered Agent
81 Name: **NONE**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILSON,RONALD F 111 E TIFFANY DR,APT 2 W PALM BCH FL 33407	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	AT WALKER,TIMONTHY P 5895 FAIRGREEN RD W PALM BCH, FL 33417	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT WILSON,CHARYSE 111 E TIFFANY DR,APT 2 W PALM BCH FL 33407	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TT WALKER,LILLIE H 5895 FAIRGREEN RD W PALM BCH, FL 33417	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HENRY,JAMES E 1726 15TH AVE N LAKE WORTH,FL 33460	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING-HENRY,LULA B 1726 15TH AVE N LAKE WORTH,FL 33460	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002092720 -02/20/97--01010--002 ***70.00	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Henry Rev. James E. Henry, 02/14/97 (561) 547-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #