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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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 LESLIE, FILLMORE C 1046 W 8TH ST RIVIERA BEHCA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST WILSON, RONALD F 111 E TIFFANY DR, APT 2 W PALM BCH FL 33407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT RABSATT, SHIRELY E 1046 W 8TH ST RIVEIRA BEHAC FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T KING-HENRY, LULA B 1726 15TH AVE N LAKE WORTH, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RABSATT, CLETA 1345 LONGWOOD STR, APT 1 W PALM BCH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T KIRKLAND, CHARLENE 5895 FAIRGREEN RD W PALM BCH, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT KING, SHIRLEY J 422 SW 4 AVE BOYNTON BCH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PT HENRY, JAMES E. 1726 15TH AVE N LAKE WORTH, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT WALKER, TIMONTHY P 5895 FAIRGREEN RD W PALM BCH FL 33417	☒ 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	TT WALKER, LILLIE H 5895 FAIRGREEN RD W PALM BEACH FL 33417	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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, 02/17/98 (561) 547-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #