FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02, 1999 8:00 am
Secretary of State
06-02-1999 90003 009 ****61.25
06-02-1999 90003 010 *****8.75

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DOCUMENT # **N93000004724**

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

Principal Place of Business	Mailing Address
1726 15TH AVE N LAKE WORTH FL 33460 US	1726 15TH AVE N LAKE WORTH FL 33460 US

2. Principal Place of Business 21 1726 15th Ave N 22 Suite, Apt. #, etc. 23 Lake Worth FL 24 Zip 33460 25 Country Florida	2a. Mailing Address 26 Same as above 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualifed 10/11/1993 4. FEI Number 65-0445312 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 BEACH FL 33407	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 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	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRKLAND, CHARLENE 5895 FAIRGREEN RD W PALM BCH FL 33417	☐ 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	PT HENRY, JAMES E 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	TT WALKER, LILLIE H 5895 FAIRGREEN RD W PALM BEACH 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		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: James Henry SIGNATURE REQUIRED James E. Henry, Pastor, 04-26-99 (561)547-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)