2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90586 042 ****70.00

DOCUMENT # N93000004724

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 N.E First Lane, Bldg 6	2400 N E First Lane, Bldg 6
Suite, Apt. #, etc. Apt 114	Suite, Apt. #, etc. Apt 114
City & State Boynton Beach	City & State Boynton Beach
Zip / Country 33435 / Florida	Zip / Country 33435 / Florida

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

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

6. Name and Address of Current Registered Agent

HENRY, JAMES E
1726 15TH AVE N
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name: CLARENCE HEDRINGTON
Street Address (P.O. Box Number is Not Acceptable): 2400 N E First Lane, Bldg 6
Apt 114 Boynton Beach
City: **FL** Zip Code: 33435

8. 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: Clarence Hedrington, President — February 7th 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING-HENRY, LULA B 1726 15TH AVE N LAKE WORTH FL 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ELLISON, BALFORD 117 South Atlantic Drive West Boynton Bch FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRKLAND, CHARLENE 5895 FAIRGREEN RD W PALM BCH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HEDRINGTON, CLARENCE 2400 NE First Lane,Bldg 6 Apt 114,Boynton Bch,FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT WALKER, LILLIE H 5895 FAIRGREEN RD W PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEDRINGTON, EMMA 2400 NE First Lane,Bldg 6 Apt 114,Boynton Bch,FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Dr. Clarence Hedrington — 02/07/01 — (561)732-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #