2002 UNIFORM BUSINESS REPORT (UBR)

2/13

FILED
May 29, 2002 8:00 am
Secretary of State
02-13-2002 90162 023 ****40.00
05-29-2002 90733 036 ****21.25

B0123065

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004724

1. Entity Name

DEEPER LIFE FELLOWSHIP FULL GOSPEL, INC.

Principal Place of Business	Mailing Address
2400 FIRST LANE NE BLDG 6 APT 114 BOYNTON BEACH FL 33435 US	2400 FIRST LANE NE BLDG 6 APT 114 BOYNTON BEACH FL 33435 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2400N.E. FIRST LANE, BLDG 6 APT. 114	Suite, Apt. #, etc.: 2400N.E. FIRST LANE, BLDg 6 APT 114
City & State: BOYNTON BEACH	City & State: BOYNTON BEACH
Zip: 33435 Country: FLORIDA	Zip: 33435 Country: 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

HEDRINGTON, CLARENCE
2400 FIRST LANE NE
BLDG 6 APT 114
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name: CLARENCE HEDRINGTON
Street Address (P.O. Box Number is Not Acceptable): 2400N.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/ JAN 19,02(561-732-9071
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 ELLISON, BALFORD 117 SOUTH ATLANTIC DR WEST BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELLISON, BALFORD 117 SOUTH ATLANTIC DRIVE BOYNTON BCH,FL33435	☐ 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	KIRKLAND CHARLENE 5895 FAIRGREEN RD W_PALM_BCH,_FL33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HEDRINGTON, CLARENCE 2400 FIRST LANE NE BLDG 6 APT 114 BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HEDRINGTON, CLARENCE 2400N. E. FIRST LANE,BLD 6 APT 114, BOYNTON BCH,FL33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEDRINGTON, EMMA 2400 NE FIRST LANE BLDG 6 APT 114 BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HEDRINGTON, EMMA 2400N.E. FIRST LANE,BLD 6 APT114,BOYNTON BCH,FL33435	☐ 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 (9/01)

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: CLARENCE HEDRINGTON/JAN 19,02(561-732-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #