

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004724

FILED
Sep 11, 2008
Secretary of State

Entity Name: DEEPER LIFE FELLOWSHIP FULL GOSPEL, INC.

Current Principal Place of Business:

FIRST LANE, BLDG 2400 N.E.
APT. 114
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

FIRST LANE, BLDG 2400 N.E.
APT. 114
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0445312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ELLISON, BALFORD
Address: 117 SOUTH ATLANTIC DR WEST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: KIRKLAND, CHARLENE
Address: 5895 FAIRGREEN RD
City-St-Zip: W PALM BCH, FL 33417

Title: PT () Delete
Name: HEDRINGTON, CLARENCE
Address: 2400 FIRST LANE NE BLDG 6 APT 114
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: HEDRINGTON, EMMA
Address: 2400 NE FIRST LANE BLDG 6 APT 114
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BALFORD ELLISON

T

09/11/2008

Electronic Signature of Signing Officer or Director

Date