

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004724

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** DEEPER LIFE FELLOWSHIP FULL GOSPEL, INC.

**Current Principal Place of Business:**

117 SOUTH ATLANTIC DRIVE WEST  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

117 SOUTH ATLANTIC DRIVE WEST  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

**FEI Number:** 65-0445312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLISON, BALFORD  
117 SOUTH ATLANTIC DRIVE WEST  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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: PT  
Name: ELLISON, BALFORD  
Address: 117 SOUTH ATLANTIC DR WEST  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T  
Name: KIRKLAND, CHARLENE  
Address: P O BOX 221493  
City-St-Zip: W PALM BCH, FL 33422

Title: T  
Name: HALL, RICARDO  
Address: 3020 CONGRESS PARK DRIVE APT 221  
City-St-Zip: LAKE WORTH, FL 33461

Title: T  
Name: HALL, GWENDOLYN  
Address: 3020 CONGRESS PARK DRIVE APT 221  
City-St-Zip: LAKE WORTH, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE KIRKLAND

T

05/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date