

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008816

**Entity Name:** DEEP ADVENTURE MINISTRIES INC**Current Principal Place of Business:**220 OCEAN VIEW LANE APT B504  
INDIALANTIC, FL 32903**Current Mailing Address:**2500 KALAKAUA AVENUE APT 2504  
HONOLULU, HI 96815 US**FEI Number:** 46-3758365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOZNICK, BEAR  
220 OCEAN VIEW LANE APT B504  
INDIALANTIC, FL 32903 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**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | P, VP                         |
| Name            | WOZNICK, BEAR                 |
| Address         | 2500 KALAKAUA AVENUE APT 2504 |
| City-State-Zip: | HONOLULU HI 96815             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | S, T                          |
| Name            | WOZNICK, BEAR                 |
| Address         | 2500 KALAKAUA AVENUE APT 2504 |
| City-State-Zip: | HONOLULU HI 96815             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | WOZNICK, CYNTHIA              |
| Address         | 2500 KALAKAUA AVENUE APT 2504 |
| City-State-Zip: | HONOLULU HI 96815             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | WOZNICK, JEREMIAH             |
| Address         | 2500 KALAKAUA AVENUE APT 2504 |
| City-State-Zip: | HONOLULU HI 96815             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | WOZNICK, SHANE                |
| Address         | 2500 KALAKAUA AVENUE APT 2504 |
| City-State-Zip: | HONOLULU HI 96815             |

*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:** BEAR WOZNICK**PRES****02/04/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date