

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42049

**Entity Name:** DEEPER WATERS CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

820 CRESTWOOD ST.  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O. BOX 40692  
JACKSONVILLE, FL 32203 US

**FEI Number:** 59-3025601

**Certificate of Status Desired:** No

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

ROZIERS, MICHAEL E  
1235 TURTLE CREEK DR. SOUTH  
JACKSONVILLE, FL 32218 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:** MICHAEL E.ROZIERS

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROZIERS, HERBERT A  
Address 1235 TURTLE CREEK DR. S.  
City-State-Zip: JACKSONVILLE FL 32218

Title TD  
Name ROZIERS, KAREN W  
Address 1235 TURTLE CREEK DR. S.  
City-State-Zip: JACKSONVILLE FL 32218

Title VD  
Name MILLER, WILLIAM J.  
Address 10621 NORTH KENDALL DR. #113  
City-State-Zip: MIAMI FL 33176

Title SD  
Name GREEN, JOSIETTA E  
Address 7215 MIMOSA GROVE PL.  
City-State-Zip: JACKSONVILLE FL 32210

*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:** HERBERT A.ROZIERS

**PRESIDENT**

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date