


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90201 009 \*\*\*\*70.00

**DOCUMENT # N02000008324**

1. Entity Name  
**THE OVERMYER FAMILY FOUNDATION, INC.**



Principal Place of Business  
**6265 SUN BLVD APT 1203  
 ST PETERSBURG, FL 33715**

Mailing Address  
**6265 SUN BLVD APT 1203  
 ST PETERSBURG, FL 33715**



2. Principal Place of Business  
*6294 Bahia del Mar Circle #803*

3. Mailing Address  
*6294 Bahia del Mar Circle #803*

05102004 Chg-NP CR2E037 (10/03)

City & State  
*St. Petersburg, FL*

City & State  
*St. Petersburg, FL*

Zip  
*33715*

Country  
*USA*

4. FEI Number  
**APPLIED FOR 20-0289993**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**OVERMYER, JOHN E**  
**6265 SUN BLVD APT 1203**  
**ST PETERSBURG, FL 33715**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E Overmyer*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	OVERMYER, JOHN E	
STREET ADDRESS	<del>6265 SUN BLVD APT 1203</del>	
CITY-ST-ZIP	ST PETERSBURG, FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERMYER, ANNE E	
STREET ADDRESS	5305 S WAYNE ST	
CITY-ST-ZIP	FT WAYNE, IN 46805	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERMYER, MICHAEL E	
STREET ADDRESS	6265 SUN BLVD APT 1203	
CITY-ST-ZIP	ST PETERSBURG, FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>6294 Bahia del Mar Circle, #803</i>
CITY-ST-ZIP	<i>St. Petersburg, FL 33715</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John E Overmyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *May 1, 2004* Daytime Phone # *727-363-4000*