2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008324

Entity Name: THE OVERMYER FAMILY FOUNDATION, INC.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6294 BAHIA DEL MAR CIRCLE, #803 6290 BAHIA DEL MAR CIRCLE, #10 ST PETERSBURG, FL 33715 ST PETERSBURG, FL 33715

Current Mailing Address: New Mailing Address:

6294 BAHIA DEL MAR CIRCLE, #803 6290 BAHIA DEL MAR CIRCLE, #10 ST PETERSBURG, FL 33715 ST PETERSBURG, FL 33715

FEI Number: 20-0214993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OVERMYER, JOHN E
6265 SUN BLVD APT 1203
6290 BAHIA DEL MAR CIRCLE #10
ST PETERSBURG, FL 33715 US
ST PETERSBURG, FL 33715 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: 01/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

Name: OVERMYER, JOHN E Name: OVERMYER, JOHN E Address: 6294 BAHIA DEL MAR CIRCLE, #803 Address: 6290 BAHIA DEL MAR CIRCLE, #10

Address: 6294 BAHIA DEL MAR CIRCLE, #803 Address: 6290 BAHIA DEL MAR CIRCLE, #10

City-St-Zip: ST. PETERSBURG, FL 32715 City-St-Zip: ST. PETERSBURG, FL 32715

Title: D () Delete Title: () Change () Addition Name: OVERMYER, ANNE E Name:

 Name:
 OVERMYER, ANNE E
 Name:

 Address:
 5305 S WAYNE ST
 Address:

 City-St-Zip:
 FT WAYNE, IN 46805
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition OVERMYER, MICHAEL E Name: OVERMYER, MICHAEL E Name: Address: 6265 SUN BLVD APT 1203 Address: 4615 GULF BLVD, SUITE 214 City-St-Zip: ST PETERSBURG, FL 33715 City-St-Zip: ST. PETE BEACH, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. OVERMYER MR. 01/25/2005