

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012032

FILED
Apr 22, 2009
Secretary of State

Entity Name: OVERCOMER MINISTRIES, INC.

Current Principal Place of Business:

9938 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9938 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 02-0754534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEFLEN, DENNIS
9938 SW ARCHER ROAD
GAINESVILLE, FL 32608 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: PD () Delete
Name: WEFLEN, DENNIS PASTOR
Address: 9938 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: VPTD () Delete
Name: WEFLEN, WANDA
Address: 9938 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: HANNA, RHEA
Address: 1575 TROUPEVILLE RD
City-St-Zip: QUITMAN, GA 31643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENNIS WEFLEN

PD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date