

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Dec 16, 2005**  
**Secretary of State**

DOCUMENT# N99000006392

**Entity Name:** THE OVERCOMERS WORSHIP CENTER, INC.

**Current Principal Place of Business:**

292 N. MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1408 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

292 N. MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

6540 CEDAR CHASE WAY  
TALLAHASSEE, FL 32311

**FEI Number:** 59-3599778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COLEY, DEMETRIUS A  
6540 CEDAR CHASE WAY  
TALLAHASSEE, FL 32311      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: DEMETRIUS A. COLEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO      ( ) Delete  
Name: COLEY, DEMETRIUS A  
Address: 6540 CEDAR CHASE WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D      ( ) Delete  
Name: COLEY, ELICIA A  
Address: 6540 CEDAR CHASE WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D      ( ) Delete  
Name: COLEY, GEORGIA  
Address: 3520 OLD BAINBRIDGE ROAD, #292  
City-St-Zip: TALLAHASSEE, FL 32312

**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 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: DEMETRIUS A. COLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

12/16/2005

\_\_\_\_\_  
Date