

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 25, 2006
Secretary of State**

DOCUMENT# N99000006392

Entity Name: THE OVERCOMERS WORSHIP CENTER, INC.

Current Principal Place of Business:

1408 LAKE BRADFORD ROAD
TALLAHASSEE, FL 32304

New Principal Place of Business:

1098 PAUL RUSSELL ROAD
TALLAHASSEE, FL 32310

Current Mailing Address:

6540 CEDAR CHASE WAY
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3599778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: _____

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 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: DEMETRIUS A. COLEY

DR.

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date