

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 03, 2007  
Secretary of State**

DOCUMENT# N99000006392

Entity Name: THE OVERCOMERS WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1098 PAUL RUSSELL ROAD  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

1102 SOUTH ADAMS ST., STE, 1,2  
TALLAHASSEE, FL 32301

**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 ( )  
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:**

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

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D      (X) Change ( ) Addition  
Name: COLEMAN, FRANK  
Address: 2806 SOUTHWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32301

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: DR. DEMETRIUS A. COLEY

PCEO

10/03/2007

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

\_\_\_\_\_  
Date