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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004895

1. Corporation Name

OVERCOMERS MINISTRIES, INC.

Principal Place of Business

5820A PRINCETON DR
PENSACOLA FL 32526

Mailing Address

5820A PRINCETON DR
PENSACOLA FL 32526



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2416 TIMOSA CIRCLE	26	5635 VESTAVIA LN.	08/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3524192	
City & State		City & State		5. Certificate of Status Desired	
23 PENSACOLA, FLA		28 PENSACOLA FLA		X \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24 32526	25 ESCAMBIA	29 32526	30 ESCAMBIA	Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLAY, JAMES H 5820A PRINCETON DR PENSACOLA FL 32526				81 Name CLAY, JAMES H.	
				82 Street Address (P.O. Box Number is Not Acceptable) 5635 VESTAVIA LN	
				83	
				84 City PENSACOLA FL 85 Zip Code 32526	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, JAMES H	1.2 NAME	CLAY, JAMES H.
STREET ADDRESS	5820A PRINCETON DR	1.3 STREET ADDRESS	5635 VESTAVIA LN
CITY-ST-ZIP	PENSACOLA FL 32526	1.4 CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITLE, CINDY	2.2 NAME	
STREET ADDRESS	5820A PRINCETON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, CANDACE	3.2 NAME	
STREET ADDRESS	5820A PRINCETON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNESTE, PETER	4.2 NAME	
STREET ADDRESS	5820A PRINCETON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	CLAY, CHARITY INC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CLAY, CHARITY
STREET ADDRESS		6.3 STREET ADDRESS	5635 VESTAVIA LN.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA, FLA 32526

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. CLAY

March 17, 1999

Date

(850) 466-4062

Daytime Phone #

CR2E037 (11/98)