

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006392

**FILED  
Jun 12, 2013  
Secretary of State  
CC8366343190**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

6540 CEDAR CHASE WAY  
TALLAHASSEE, FL 32311

**FEI Number: 99-9999999**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name COLEY, DEMETRIUS A  
Address 6540 CEDAR CHASE WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title D  
Name COLEY, ELICIA A  
Address 6540 CEDAR CHASE WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title D  
Name COLEMAN, FRANK  
Address 2806 SOUTHWOOD DR  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name CARTER, DONTE  
Address 2806 SOUTHWOOD DR  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. DEMETRIUS A. COLEY**

**PRES & CEO/ SR.  
PASTOR**

**06/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date