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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736210 (6)

1. Corporation Name

OVERSTREET BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

C/O IRMA L. HENSLEY
RT 1 BOX 336
WEWAHITCHKA FL 32465-7100C/O IRMA L. HENSLEY
RT 1 BOX 336
WEWAHITCHKA FL 32465

3. Date Incorporated or Qualified

06/25/1976

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENSLEY, IRMA L.
RT 1 BOX 336
WEWAHITCHKA FL 32465-7100

81 Name

Same As Box 9

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Irma L. Hensley (IRMA L. HENSLEY)

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 ☐ DELETENAME
HENSLEY, IRMA L.
STREET ADDRESS
RT 1 BOX 336
CITY - ST - ZIP
WEWAHITCHKA FL1.1 TITLE ☐ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE ☐ DELETENAME
HARRIS, NINA
STREET ADDRESS
HC 77 BOX 475
CITY - ST - ZIP
WEWAHITCHKA FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE ☐ DELETENAME
ADKINS, MARLYN
STREET ADDRESS
RT 1 BOX 329
CITY - ST - ZIP
WEWAHITCHKA FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Irma L. Hensley REQUIRED IRMA L. HENSLEY

1(904)648-8265

CR2E037 (9/96)