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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90254 007 \*\*\*\*\*8.75

03-01-1999 90254 008 \*\*\*\*\*61.25

UBK3/40

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736210**

1. Corporation Name

**OVERSTREET BIBLE CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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



*Change of Address*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *182 Hensley Lane*

3. Date Incorporated or Qualified  
**06/25/1976**

22 *Overstreet Blvd.*

27 *Wewahitchka, FL.*

4. FEI Number  
**59-2872143**

Applied For  
Not Applicable

23 *32465*

28 *32465*

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

24 Zip *Country*

29 Zip *Country*

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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



**MS. IRMA HENSLEY**  
182 Hensley Ln.  
Wewahitchka, FL 32465

81 Name *IRMA L. HENSLEY*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*182 HENSLEY LANE*  
83 *Wewahitchka*  
84 City *FL* 85 Zip Code *32465*

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 - Sec/Tres.* *IRMA L. Hensley* *1-11-99*  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **HENSLEY, IRMA L.**  
CITY-ST-ZIP **HENSLEY LANE**  
**WEWAHITCHKA FL 32465**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **HARRIS, NINA**  
CITY-ST-ZIP **2002 HWY 98**  
**MEXICO BEACH FL 32410**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **ADKINS, MARLYN**  
CITY-ST-ZIP **HWY 386**  
**WEWAHITCHKA FL 32465**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **Peggie Ray**  
CITY-ST-ZIP **255 Fork Drive**  
**Wewahitchka, FL 32465**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*IRMA L. HENSLEY*

*1-11-99*

*(1-850-648-8265)*

CR2E037 (11/98)