

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 027 \*\*\*\*70.00

**DOCUMENT # 736210**

1. Entity Name  
OVERSTREET BIBLE CHURCH, INC.



Principal Place of Business  
C/O PEGGIE W RAY  
P O BOX 613  
WEWAHITCHKA, FL 32465

Mailing Address  
PO BOX 613  
WEWAHITCHKA, FL 32465 US

**50023074**



07192006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2872143

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAY, PEGGIE W ~~NO LONGER WITH THE~~  
255 FORK DR CHURCH  
WEWAHITCHKA, FL 32465

**DO NOT WRITE  
IN THIS SPACE**

MARY LEE BUSKENS TOOK HER PLACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Lee Buskens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE DT  
NAME ATKINS, MARLYN  
STREET ADDRESS PO BOX 535  
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE TD  
NAME RAY, PEGGIE  
STREET ADDRESS 6612 LANCE ST  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE SD  
NAME CARPENTER, SHIRLEY  
STREET ADDRESS PO BOX 115  
CITY-ST-ZIP CLARKSVILLE, FL 32430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Mary Lee Buskens (DIRECTOR)

7/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #