

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 833413**

1. Entity Name  
**APOSTOLIC OVERCOMING HOLY CHURCH OF GOD**



Principal Place of Business  
**2257-ST. STEPHENS RD  
MOBILE, AL 36617**

Mailing Address  
**PO BOX 6238  
MOBILE, AL 36660**



02052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-6093479**

Applied For  
Not Applicable

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

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

**MITCHELL, QULLIAS O'SEER  
1105 NORTH M STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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 May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	BD
NAME	JOHNSON, HORACE M
STREET ADDRESS	5421 DECATOR STREET
CITY-ST-ZIP	HYATTSVILLE, MD 20781
TITLE	BD
NAME	MATHEWS, JOHN JR
STREET ADDRESS	12 COLLEGE STREET PO BOX 61056
CITY-ST-ZIP	HAMILTON, OH 45012
TITLE	S
NAME	CARSON, MARGARET
STREET ADDRESS	PO BOX 6238
CITY-ST-ZIP	MOBILE, AL 36660
TITLE	BD
NAME	WRIGHT, PHILLIP
STREET ADDRESS	2408 EAST 83RD STREE
CITY-ST-ZIP	CLEVELAND, OH 44104
TITLE	P
NAME	AYERS, GEORGE W
STREET ADDRESS	2257 ST STEPHENS
CITY-ST-ZIP	MOBILE, AL 36617
TITLE	BD
NAME	PARKER, W T
STREET ADDRESS	2005 BRIDGELAKE DRIVE
CITY-ST-ZIP	HOOVER, AL 35244

U00000629470  
02/19/07-80002-010 61.25

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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:**

*Margaret Carson, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/07*  
Date

*251-473-8103*  
Daytime Phone #