2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 833413

Entity Name: APOSTOLIC OVERCOMING HOLY CHURCH OF GOD

Current Principal Place of Business:

2257-ST. STEPHENS RD
MOBILE, AL 36617

New Principal Place of Business:

Current Mailing Address:

PO BOX 6238
MOBILE, AL 36660

New Mailing Address:

FEI Number: 63-6093479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	BD	( ) Delete
Name:	JOHNSON, HORACE M	
Address:	5421 DECATOR STREET	
City-St-Zip:	HYATTSVILLE, MD 20781	
Title:	BD	( ) Delete
Name:	MATHEWS, JOHN JR	
Address:	12 COLLEGE STREET PO BOX 61056	
City-St-Zip:	HAMILTON, OH 45012	
Title:	S	( ) Delete
Name:	CARSON, MARGARET	
Address:	PO BOX 6238	
City-St-Zip:	MOBILE, AL 36660	
Title:	BD	( ) Delete
Name:	WRIGHT, PHILLIP	
Address:	2408 EAST 83RD STREE	
City-St-Zip:	CLEVELAND, OH 44104	
Title:	P	( ) Delete
Name:	AYERS, GEORGE W	
Address:	2257 ST STEPHENS	
City-St-Zip:	MOBILE, AL 36617	
Title:	BD	( ) Delete
Name:	PARKER, W T	
Address:	2005 BRIDGELAKE DRIVE	
City-St-Zip:	HOOVER, AL 35244	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET CARSON SEC. 04/22/2009

Electronic Signature of Signing Officer or Director — Date