

Frank Agee

#6125 Amended

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 FEB 21 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003154
1. Entity Name
The Overcomers Ministries International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3557 CARRINGTON CT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 53
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32303

Country
USA

Zip
32302

Country
USA

4. FEI Number
59-3702505

Applied For
☐ Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Frank Agee

Street Address (P.O. Box Number is Not Acceptable)
3557 CARRINGTON CT

City
Tallahassee

FL Zip Code
32303

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.

SIGNATURE Frank Agee DATE February 29 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MeLinda Carroll</u> <u>7585 Old St. Augustine Rd.</u> <u>Tallahassee, FL - 32311</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Rita Pearson</u> <u>1406 Lucy St.</u> <u>Tallahassee, FLA - 32308</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTD Frank Agee</u> <u>P.O. Box 530</u> <u>Tallahassee, FL 32302</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/D Bobbie Agee</u> <u>P.O. Box 53</u> <u>Tallahassee, FL 32302</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T J.K. Allen</u> <u>P.O. Box 2132</u> <u>Tallahassee, FL 32316</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6000049817916--2</u> <u>-02/21/02--01068--001</u> <u>*****61.25 *****61.25</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bobbie Agee 2/21/02

CR2E037B (12/01)