

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003154

1. Entity Name
THE OVERCOMERS MINISTRIES INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 11 PM 1:46

Principal Place of Business
3557 CARRINGTON CT.
TALLAHASSEE, FL 32303 US

Mailing Address
PO BOX 53
TALLAHASSEE, FL 32302 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052003

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3702505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGEE, FRANK W
3557 CARRINGTON CT.
TALLAHASSEE, FL 32303

Name

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

City

FL

Zip Code

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME AGEE, FRANK W.
STREET ADDRESS P.O. BOX 53
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME AGEE, ~~FRANK W.~~ BARBARA
STREET ADDRESS P.O. BOX 53
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Change ☐ Addition
NAME 600037053146
STREET ADDRESS 05/24/04--01106--017 **\$61.25
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ALLEN, J.K.
STREET ADDRESS P.O. BOX 2132
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CABELL, TOM N
STREET ADDRESS 6440 KINGMAN TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 323091920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK W. AGEE *Frank W. Agee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 04 562-3071

Date

Daytime Phone #