

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003154

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** THE OVERCOMERS MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

3557 CARRINGTON CT.  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 53  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-3702505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGEE, FRANK W  
3557 CARRINGTON CT.  
TALLAHASSEE, FL 32303 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:** PD  
**Name:** AGEE, FRANK W  
**Address:** P.O.BOX 53  
**City-St-Zip:** TALLAHASSEE, FL 32302

**Title:** VD  
**Name:** AGEE, BARBARA  
**Address:** P.O.BOX 53  
**City-St-Zip:** TALLAHASSEE, FL 32302

**Title:** T  
**Name:** BOSWELL, DONALD  
**Address:** 172 HAZEL DR  
**City-St-Zip:** HEADLAND, AL 36345 US

**Title:** SECT  
**Name:** DUPERAULT, L J MRS  
**Address:** 1248 BRANDT DR.  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK W. AGEE

PD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date