

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003154

1. Entity Name

THE OVERCOMERS MINISTRIES INTERNATIONAL, INC.



FILED

03 MAR -6 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW: FEE IS \$61.25

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

TITLE T  
NAME Tom V Cabell  
STREET ADDRESS 6440 Kingman Trl  
CITY-ST-ZIP Tallahassee FL 32309-1920 ☐ Change ☒ Addition

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

TITLE T  
NAME 610014417286  
STREET ADDRESS 03/20/03--01067--029 \*\*61.25  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE T  
NAME PEARSON, RITA  
STREET ADDRESS 1406 LUCY STREET  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

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

TITLE T  
NAME CARROLL, MELINDA  
STREET ADDRESS 7585 OLD ST. AUGUSTINE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☒ Delete

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

TITLE T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Jan 14, 2003

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3071

CR2E037 (10/02)