

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005460

FILED
Jan 12, 2006
Secretary of State

Entity Name: OVERLOOK MINISTRIES, INC.

Current Principal Place of Business:

1001 GREENWOOD WAY
COCOA, FL 32922

New Principal Place of Business:

3569 SWALLOW DR
MELBOURNE, FL 32935

Current Mailing Address:

3569 SWALLOW DR
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3706261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUNTS, NICK
3509 SWALLOW DR
MELBOURNE, FL 32935 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: PT () Delete
Name: MOUNTS, NICK
Address: 105 UTOPIA CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD () Delete
Name: MOUNTS, DOROTHY
Address: 105 UTOPIA CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: RANEW, JOSH
Address: 418 COBBLEWOOD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: BLOWES, MALCOLM
Address: PO BOX 540929
City-St-Zip: MERRIT ILS, FL 32954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MOUNTS, NICK
Address: 3569 SWALLOW DR
City-St-Zip: MELBOURNE, FL 32935

Title: STD (X) Change () Addition
Name: MOUNTS, DOROTHY
Address: 3569 SWALLOW DR
City-St-Zip: MELBOURNE, FL 32935

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 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: NICK MOUNTS

PT

01/12/2006

Electronic Signature of Signing Officer or Director

Date