

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005460**

1. Entity Name

OVERLOOK MINISTRIES, INC.



Principal Place of Business

3569 SWALLOW DR  
MELBOURNE FL 32935

Mailing Address

3569 SWALLOW DR  
MELBOURNE FL 32935



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3706261

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

MOUNTS, NICK  
3509 SWALLOW DR  
MELBOURNE FL 32935

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**  
**Due By May 1, 2007**

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

TITLE PT ☐ Delete  
NAME MOUNTS, NICK  
STREET ADDRESS 3569 SWALLOW DR  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE STD ☐ Delete  
NAME MOUNTS, DOROTHY  
STREET ADDRESS 3569 SWALLOW DR  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE T ☐ Delete  
NAME RANAW, JOSH  
STREET ADDRESS 418 COBBLEWOOD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VP ☐ Delete  
NAME BLOWES, MALCOLM  
STREET ADDRESS PO BOX 540929  
CITY-ST-ZIP MERRIT ILS FL 32954

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U000000621755  
02/12/07-80029-018 61.25

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

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Nancy Mounts*

2-1-06

321-254-2324