

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90005 026 \*\*\*\*70.00

**DOCUMENT # N01000005516**

1. Entity Name

OVERCOMING BODY OF JESUS CHRIST HOUSE OF PRAYER, INC.



Principal Place of Business

1610 JACKSON ST  
MADISON FL 32340

Mailing Address

5780 SW CR #14  
MADISON FL 32340

2. Principal Place of Business

360 S.W. Jackson Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)



City & State

Madison, Fla

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32340

Country

madison

Zip

32340

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANT, NORMAN  
RT 1, BOX 441E  
MADISON FL 32340

7. Name and Address of New Registered Agent

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 September 6, 2006**

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 BIS  
NAME NORMAN, GRANT ☐ Delete  
STREET ADDRESS ROUTE 1 441-E  
CITY-ST-ZIP MADISON FL 32340

TITLE ST  
NAME NORMAN, JOHNNIE ☐ Delete  
STREET ADDRESS ROUTE 1, BOX 441-E  
CITY-ST-ZIP MADISON FL 32340

TITLE T  
NAME TRUMPLER, RUTH ☐ Delete  
STREET ADDRESS P.O. BOX 365  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE T  
NAME FUDGE, JOHNNY ☐ Delete  
STREET ADDRESS 105 ELLEN PLACE  
CITY-ST-ZIP SANFORD FL 32711

TITLE M  
NAME FUDGE, LEE ☐ Delete  
STREET ADDRESS 802 S MELLONVILLE AVE  
CITY-ST-ZIP SANFORD FL 32741

TITLE M/T  
NAME MITCHELL, LILLIAN ☐ Delete  
STREET ADDRESS 203 LUCK ST  
CITY-ST-ZIP MADISON FL 32304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 exemptions contained 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 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:

*Grant Norman*

8/16/06

85097316004  
08/17/06