


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008324**

1. Entity Name  
**THE OVERMYER FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**6290 BAHIA DEL MAR CIRCLE, #10  
 ST PETERSBURG, FL 33715**      **6290 BAHIA DEL MAR CIRCLE, #10  
 ST PETERSBURG, FL 33715**



02102006 No Chg-NP      CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-0214993**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OVERMYER, JOHN E  
 6290 BAHIA DEL MAR CIRCLE #10  
 ST PETERSBURG, FL 33715**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

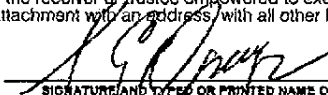
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OVERMYER, JOHN E
STREET ADDRESS	6290 BAHIA DEL MAR CIRCLE, #10
CITY-ST-ZIP	ST. PETERSBURG, FL 32715
TITLE	D
NAME	OVERMYER, ANNE E
STREET ADDRESS	5305 S WAYNE ST
CITY-ST-ZIP	FT WAYNE, IN 46805
TITLE	D
NAME	OVERMYER, MICHAEL E
STREET ADDRESS	4615 GULF BLVD, SUITE 214
CITY-ST-ZIP	ST. PETE BEACH, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/28/06-80028-020 150.00

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_