

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008324

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: THE OVERMYER FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

630 59TH AVENUE  
ST. PETE BEACH, FL 337062218 US

## New Principal Place of Business:

4615 GULF BOULEVARD  
SUITE 214  
ST. PETE BEACH, FL 33706 US

## Current Mailing Address:

630 59TH AVENUE  
ST. PETE BEACH, FL 337062218 US

## New Mailing Address:

4615 GULF BOULEVARD  
SUITE 214  
ST. PETE BEACH, FL 33706 US

FEI Number: 20-0214993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVERMYER, JOHN E  
630 59TH AVENUE  
ST. PETE BEACH, FL 337062218 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: D ( ) Delete  
Name: OVERMYER, JOHN E  
Address: 630 59TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 337062218 US

Title: D ( ) Delete  
Name: OVERMYER, ANNE E  
Address: 5305 S WAYNE ST  
City-St-Zip: FT WAYNE, IN 46805

Title: D ( ) Delete  
Name: OVERMYER, MICHAEL E  
Address: 4615 GULF BLVD, SUITE 214  
City-St-Zip: ST. PETE BEACH, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JOHN E. OVERMYER

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

Date