2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008324

Entity Name: THE OVERMYER FAMILY FOUNDATION, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4615 GULF BOULEVARD 5830 BAHIA WAY SOUTH

SUITE 214 ST. PETE BEACH, FL 33706 US

ST. PETE BEACH, FL 33706 US

Current Mailing Address: New Mailing Address:

4615 GULF BOULEVARD 5830 BAHIA WAY SOUTH

SUITE 214 ST. PETE BEACH, FL 33706 US 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: Name and Address of New Registered Agent:

OVERMYER, JOHN E OVERMYER, JOHN E 5830 BAHIA WAY SOUTH

ST. PETE BEACH, FL 337062218 US ST. PETE BEACH, FL 337062218 US

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: 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 OVERMYER, JOHN E
 Name:
 OVERMYER, JOHN E

 Address:
 630 59TH AVENUE
 Address:
 5830 BAHIA WAY SOUTH

City-St-Zip: ST. PETE BEACH, FL 337062218 US City-St-Zip: ST. PETE BEACH, FL 337062218 US

Title: D () Delete Title: D (X) Change () Addition Name: OVERMYER, ANNE E LAURIE, ANNE E

 Address:
 5305 S WAYNE ST
 Address:
 5305 S WAYNE ST

 City-St-Zip:
 FT WAYNE, IN 46805
 City-St-Zip:
 FT WAYNE, IN 46805

Title: D () Delete Title: D (X) Change () Addition

 Name:
 OVERMYER, MICHAEL E
 Name:
 OVERMYER, MICHAEL E

 Address:
 4615 GULF BLVD, SUITE 214
 Address:
 5830 BAHIA WAY SOUTH

 City-St-Zip:
 ST. PETE BEACH, FL 33715
 City-St-Zip:
 ST. PETE BEACH, FL 33715

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 OVERMYER, LISA M

 Address:
 Address:
 5830 BAHIA WAY SOUTH

 City-St-Zip:
 City-St-Zip:
 ST. PETE BEACH, FL 33706

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 D 03/20/2009