

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

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90033 027 ****61.25

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1. Entity Name

NEW LIFE OVERCOMING HOLY CHURCH OF GOD, INC.



Principal Place of Business

421 S PARRAMORE AVE
ORLANDO, FL 32805

Mailing Address

2212 FIESTA CT
ORLANDO, FL 32811



07172006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
16-1703703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOU MAN, HARRIET F
16950 APOPKA SPRINGS BLVD
MONTVERDE, FL 34756

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PP
SALTER, ELMA L
2212 FIESTA CT
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
JOHNSON, CHARLIE M
3554 MEADOW LAKE LANE
ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LAIDLER, BULAH M
4611 CYPRESS ST
ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Elma L. Salter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #