

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000007142

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

FILED
Sep 10, 2008 08:00 AM
Secretary of State



09072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1703703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUMAN, 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

Harriet F. Youman

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

(NOTE: Registered Agent signature required when reinstating)

9/3/08

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PP
NAME	SALTER, ELMA L
STREET ADDRESS	2212 FIESTA CT
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	YOUMAN, HARRIET F
STREET ADDRESS	16950 APOPKA SPRINGS BLVD.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	T
NAME	JOHNSON, CHARLIE M
STREET ADDRESS	3554 MEADOW LAKE LANE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/10/08-80003-013 61.25

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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

9/3/08

Date

Daytime Phone #