

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007142

1. Entity Name
NEW LIFE OVERCOMING HOLY CHURCH OF GOD, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 10 AM 6:51

Principal Place of Business
**421 S PARRAMORE AVE
ORLANDO, FL 32805**

Mailing Address
**2212 FIESTA CT
ORLANDO, FL 32811**



04222009 No Chg-NP CR2E037 (11/08)

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 _____
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 11, 2009**

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	

700156955327
06/10/09--01002--003 **61.25

**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

5/10/09
Date

Daytime Phone #