2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N06000003385

Entity Name: OVERCOMING BELIEVERS FELLOWSHIP, INC.

Current Principal Place of Business:

621 DEAUVILLE COURT
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

PO BOX 421745
KISSIMMEE, FL 347421745

New Mailing Address:

621 DEAUVILLE COURT
KISSIMMEE, FL 34758

FEI Number: 20-4345550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURRAY, CLAUDIA J ESQUIRE
600 N THACKER AVE
SUITE D-26
KISSIMEE, FL 34741 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: PIPER, DEBRA
Address: 621 DEAUVILLE COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: PIPER, BRIAN
Address: 621 DEAUVILLE COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: PRESSLEY, ANTHONY
Address: 316 RIVERA DRIVE
City-St-Zip: SLIDELL, LA 70460

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: DEBRA PIPER D 05/12/2009

Electronic Signature of Signing Officer or Director — Date