

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008205

FILED  
May 01, 2008  
Secretary of State

Entity Name: OVERCOMER'S GENERATION MINISTRIES INC

## Current Principal Place of Business:

1148 N. STELLA AVE.  
LAKELAND, FL 33805

## New Principal Place of Business:

1969 CRYSTAL GROVE DR.  
APT.1  
LAKELAND, FL 33801

## Current Mailing Address:

P.O. BOX 92324  
LAKELAND, FL 338042324

## New Mailing Address:

FEI Number: 26-0653749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

BURGESS, JACQUELINE  
1148 N. STELLA AVE.  
LAKELAND, FL 33805      US

## Name and Address of New Registered Agent:

BURGESS, JACQUELINE  
1969 CRYSTAL GROVE DR.  
APT.17  
LAKELAND, FL 33801      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: \_\_\_\_\_

05/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: BURGESS, ELIJAH PASTOR  
Address: P.O. BOX 92324  
City-St-Zip: LAKELAND, FL 33804

Title: D      ( ) Delete  
Name: BURGESS, ELIJAH C-PASTO  
Address: P.O. BOX 92324  
City-St-Zip: LAKELAND, FL 33804

Title: S      ( ) Delete  
Name: BURGESS, WANDA  
Address: 302 N. IOWA AVE.  
City-St-Zip: LAKELAND, FL 33804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BURGESS, JACQUELINE C-PASTO  
Address: P.O. BOX 92324  
City-St-Zip: LAKELAND, FL 33804

Title: S      (X) Change ( ) Addition  
Name: BURGESS, WANDA  
Address: 302 N. IOWA AVE.  
City-St-Zip: LAKELAND, FL 33801

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: JACQUELINE BURGESS

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date