2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N07000012310

Entity Name: OVERFLOW MISSIONARY OUTREACH SUPPORT CENTER, INC

Current Principal Place of Business:

909 INNER GARY PL
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

909 INNER GARY PL
VALRICO, FL 33594

New Mailing Address:

FEI Number: 51-0647311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, VIVIAN
909 INNER GARY PL
VALRICO, FL 33594 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: BROWN, VIVIAN
Address: 909 INNER GARY PL
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: MINIWEATHER, SIDNEY
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 33594

Title: D ( ) Delete
Name: BIVENS, WALTER JR.
Address: 118 MARVIN DRIVE
City-St-Zip: HAMPTON, VA 23666

Title: D ( ) Delete
Name: MINIWEATHER, QUEEN F
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 33594

Title: D ( ) Delete
Name: BROWN, EDWARD L
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: VIVIAN BROWN CEO 03/11/2009

Electronic Signature of Signing Officer or Director — Date