

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012310

FILED  
Feb 10, 2012  
Secretary of State

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VIVIAN BROWN

D

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date