

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004969

FILED  
Sep 12, 2012  
Secretary of State

**Entity Name:** OVERCOMERS TABERNACLE OF DELIVERANCE INC.

**Current Principal Place of Business:**

2801 NW 23RD BLVD #X167  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

2801 NW 23RD BLVD #X167  
X167  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

PO BOX 358294  
GAINESVILLE, FL 326358294

**New Mailing Address:**

PO BOX 358294  
GAINESVILLE, FL 326358294 US

**FEI Number:** 80-0794501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMSTRONG, ROBERT L  
2801 NW 23RD BLVD #X167  
GAINESVILLE, FL 32605 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: ARMSTRONG, ROBERT  
Address: 2801 NW 23RD BLVD #X167  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: O  
Name: JOHNSON, SHARON  
Address: 19367 RIVERVIEW ST  
City-St-Zip: DETROIT, MI 482194685

Title: O  
Name: ARMSTRONG, RUBY B  
Address: 2801 NW 23RD BLVD #X167  
City-St-Zip: GAINESVILLE, FL 32605

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: ROBERT L. ARMSTRONG

DIRE

09/12/2012

Electronic Signature of Signing Officer or Director

Date