


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30452 (9)
1. Corporation Name
OVERCOMERS OF SARASOTA, INC.



Principal Place of Business C/O RESTORATION FELLOWSHIP 5614 RICHARDSON RD SARASOTA FL 34232 US	Mailing Address C/O RESTORATION FELLOWSHIP 5614 RICHARDSON RD SARASOTA FL 34232 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 02/01/1989	4. FEI Number 65-0175100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HUNNFORD, JAMES THEODORE JR. 1702 LAUREL STREET SARASOTA FL 34230	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOODRUFF, PETER	
STREET ADDRESS	4084 WOODVIEW DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAGER, PETER G.	
STREET ADDRESS	1832 COTTON WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPANGLER, DIANNE	
STREET ADDRESS	5929 RICHARD PL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGANSON, KAREN	
STREET ADDRESS	2227 HAWTHORNE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SPANGLER, DIANE	
3.3 STREET ADDRESS	1301 RUSSELL AVE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34232	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORGANSON, KAREN	
4.3 STREET ADDRESS	2227 HAWTHORNE ST	
4.4 CITY-ST-ZIP	SARASOTA, FL	
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SPANGLER, WILLIAM	
5.3 STREET ADDRESS	1301 RUSSELL RD	
5.4 CITY-ST-ZIP	SARASOTA, FL 34232	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter G. Fager PETER G. FAGER 3/16/98 941-927-1135

CR2E037 (10/97)