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May 17, 1999 8:00 am
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05-17-1999 90066 022 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30452

1. Corporation Name

OVERCOMERS OF SARASOTA, INC.

Principal Place of Business

C/O RETORATION FELLOWSHIP
5614 RICHARDSON RD
SARASOTA FL 34232
US

Mailing Address

C/O RESTORATION FELLOWSHIP
5614 RICHARDSON RD
SARASOTA FL 34232
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/01/1989

4. FEI Number

65-0175100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUNNIFORD, JAMES THEODORE JR.
1702 LAUREL STREET
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SPANGLER, WILLIAM**
STREET ADDRESS **T301 RUSSELL RD**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☒ DELETE
NAME **FAGER, PETER G.**
STREET ADDRESS **1832 COTTON WOOD TRAIL**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE
NAME **SPANGLER, DIANNE**
STREET ADDRESS **1301 RUSSELL AVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VD** ☒ DELETE
NAME **MORGANSON, KAREN**
STREET ADDRESS **2227 HAWTHORNE ST.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1301 Russell Avenue

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD Dyer, Cheryl L
4926 DAVID Avenue
Sarasota, FL 34234

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VD BRIEN, DAVID
6370 Ravenwood Court
Sarasota, FL 34243

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: **Dianne Spangler** **TD - 5/17/99** **941-377-1923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)