

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30452

1. Entity Name

OVERCOMERS OF SARASOTA, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90031 028 ****61.25

Principal Place of Business	Mailing Address
C/O RETORATION FELLOWSHIP 5614 RICHARDSON RD SARASOTA FL 34232 US	C/O RESTORATION FELLOWSHIP 5614 RICHARDSON RD SARASOTA FL 34232-2231 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0175100	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SPANGLER, WILLIAM
STREET ADDRESS	1301 RUSSELL AVE.
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> Delete
NAME	DYER, CHERYL
STREET ADDRESS	4926 DAVID AVE.
CITY-ST-ZIP	SARASOTA FL 34234
TITLE	TD <input type="checkbox"/> Delete
NAME	SPANGLER, DIANNE
STREET ADDRESS	1301 RUSSELL AVE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BRIEN, DAVID
STREET ADDRESS	6370 REAVERWOOD COURT
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA MATHEWS
STREET ADDRESS	708 W. Lake Circle
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE SPANGLER TREASURER 2-28-2000 941-377-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)