

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90220 031 ****61.25

0075287

DOCUMENT # N30452

1. Entity 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

3. Mailing Address

1301 RUSSELL Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, FL

City & State

City & State

4. FEI Number

65-0175100

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

Sarasota

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SPANGLER, WILLIAM**
 STREET ADDRESS **1301 RUSSELL AVE.**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **DYER, CHERYL**
 STREET ADDRESS **4926 DAVID AVE.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MATHEWS, MARTHA**
 STREET ADDRESS **708 W LAKE CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **HUNT, TIM**
 STREET ADDRESS **1153 RUSSELL Avenue**
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Change ☐ Addition
 NAME **COPS!**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

3-12-01

941-302-0260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)