

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30452

1. Entity Name

OVERCOMERS OF SARASOTA, INC.

Principal Place of Business

Mailing Address

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

1301 RUSSELL AVENUE
SARASOTA FL 34232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 William B. Spangler
Street Address (P.O. Box Number is Not Acceptable)
1301 Russell Avenue
City Sarasota FL Zip Code 34232

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

William B. Spangler
(NOTE: Registered Agent signature required when resigning)

4-14-02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPANGLER, WILLIAM 1301 RUSSELL AVE. SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPANGLER, DIANNE 1301 RUSSELL AVE SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHEWS, MARTHA 708 W LAKE CIRCLE SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, TIM 1153 RUSSELL AVENUE SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William B. Spangler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02
Date

941-377-1923
Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91505 050 ****61.25

CR2E037 (9/01)