

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36222

(0)

1. Corporation Name

OVERCOMERS OF BREVARD, INC.



Principal Place of Business

4235 MT STERLING ST.  
TITUSVILLE FL 32780

Mailing Address

4235 MT STERLING ST.  
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

01/23/1990

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

USA

28

Zip

Country

USA

24

9. Name and Address of Current Registered Agent

JAMES R. ROSS  
4235 MT. STERLING AVE.  
TITUSVILLE FL 32780

4. FEI Number

59-2994331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*James R. Ross*

JAMES R. ROSS

4/30/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ROSS, JAMES R.  
STREET ADDRESS 4235 MT. STERLING AVE.  
CITY-ST-ZIP TITUSVILLE FL

TITLE VD ☐ DELETE  
NAME DUTTENHAVER, DICK SR.  
STREET ADDRESS 2500 TOMOKA AVE.  
CITY-ST-ZIP TITUSVILLE FL

TITLE TD ☒ DELETE  
NAME JIM THORNTON  
STREET ADDRESS 2825 STARLIGHT DRIVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS BROOKS, WAYNE E. (REV.)  
3.4 CITY-ST-ZIP 2929 CHENEY HIGHWAY  
TITUSVILLE, FL 32780

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*James R. Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES R. ROSS, PRESIDENT

4/30/96

Date

407-264-0757

Daytime Phone #

CR2E037 (12/95)