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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N36222

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OVERCOMERS OF BREVARD, INC.

D. State of Diagonal		

FILED Mar 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			I 1884/181 880 NIILD OLING HARR ATBID HAR BIDTE ANDLI GIDLI GIDLI GIDLI					
4235 MT STERLING ST. 4235 MT STERLING ST. TITUSVILLE FL 32780-8657								
					3. Date Incorporated or Qualified 01/23/1990	3a. Date of 05/	Last R 01/19	
2. Principal P	lace of Businoss	2a. Mailing Address			4. FEI Number		Ap	plied For
21		28			59-2994331			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 *	8.75 / Fee Re	Additional quired
City & Stat	0	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added t	
Zıp	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax i	under s.	199.032,
24	25	29	30			Yes No	0	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Ager	nt	
				Name				
	r. Ross f. Sterling ave.		8	Street /	Address (P.O. Box Number is Not Acceptate	ble)		
	LLE FL 32780		1	33				
			l _e	34 City			Zip (Code
				'	corporation submits this statement for the p	FL [1	
agent La	im familiar with, and accept the obl	igations of Section 617.0503.	Elorida Statu	tes				
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (N			required when reinstating)	DATE		
SIGNATURE	Signature, typod or printed name of registered OFFICERS A	agent and tice if applicable (N	OTE: Registered /	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIR		
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4. For hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 am officer or director of the corporation or the receiver or trustseem word 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:

VATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/24/97

267-0757 Daytime Phone # 0014992