2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42692

FILED May 13, 2008 Secretary of State

Entity Name: THE OVERCOMING MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

2429 NW 22ND ROAD FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

2429 NW 22ND ROAD 660SW 30TH TERR

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33312

FEI Number: 65-0254457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FENCHER, ELOISE 2429 NW 22ND ROAD FORT LAUDERDALE, FL 33311 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 FENCHER, ELOISE,
 Name:

 Address:
 1821 NW 33 TERRACE
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33311
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 GAIL CLARK,
 Name:

 Address:
 1604 NW 14TH ST
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33311
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name:CATHERINE WALKER.,Name:KATINA LEWIS,Address:2429 NW 22ND RD APT. 1Address:660 SW 30TH TERRCity-St-Zip:FT. LAUDERDALE, FL 33311City-St-Zip:FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATINA LEWIS SD 05/13/2008