

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001491 (9)

1. Corporation Name

THE SPOKEN WORD OVERCOMING FAITH MINISTRIES, INC



Principal Place of Business

2940 N.W. 24TH ST.  
FT. LAUDERDALE FL 33311

Mailing Address

2940 N.W. 24TH ST.  
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified  
03/25/1994

3a. Date of Last Report  
10/30/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GAY, EVANGELINE W  
360 N.W. 15TH CT.  
POMPANO BEACH FL 33060

4. FEI Number

APPLIED FOR 45-0454075

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PDM  
NAME GARY, MAGGIE D  
STREET ADDRESS 2940 N.W. 24TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ DELETE

TITLE VD  
NAME SKENE, LAURA  
STREET ADDRESS 2940 N.W. 24TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ DELETE

TITLE S  
NAME MAIN, RICHARD  
STREET ADDRESS 900 N.W. 17TH AVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PDM  
GRAY, Maggie D.  
2940 N.W. 24th Street  
Ft. Lauderdale, FL 33311

VD  
Shine, Laura  
2940 N.W. 24th Street  
Ft. Lauderdale, FL 33311

S  
Main, Richard  
900 N.W. 17th Ave  
Ft. Lauderdale, FL 33311

SIGNATURE:

Maggie D. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009044

CR2E037 (3/96)