## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001491 (9)

THE SPOKEN WORD OVERCOMING FAITH MINISTRIES. INC

Principal Place of Business Mailing Address 2940 N.W. 24TH ST. 2940 N.W. 24TH ST. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-2816 3. Date Incorporated or Qualified 03/25/1994 3a. Date of Last Report 07/08/1996 4. FEI Number 65-0454075 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAY, EVANGELINE W 82 Street Address (P.O. Box Number is Not Acceptable) 380 N.W. 15TH CT. 83 POMPANO BEACH FL 33060 64 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PDM DELETE Change TITLE 1.1 TOLE Addition GRAY, MAGGIE D NAME 12 NAME 2940 N.W. 24TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SHINE, LAURA NAME **P.2 NAME** 2940 N.W. 24TH STRET STREET ADDRESS **P.3 STREET ADDRESS** FT.LAUDERDALE FL CITY-ST-ZIP P. 4 CITY - ST- ZIP DELETE Change Addition B.1 TITLE MARION, RICHARD NAME 32 NAME 900 N.W. 17TH AVE STREET ADDRESS 3.3 STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4CIIY-51-2IP

14. I do 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 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 18 if chapped or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

May 09 1997 8:00am

Secretary of State