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1997 OCT -6 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name  
N9600002296  
Pentecostal Overcoming church Inc.

Principal Place of Business Mailing Address  
8573 Date street Hobe sound Fl, 33475  
1590 W 37th street Riviera Bch, Fl, 33404

2. Principal Place of Business 2a. Mailing Address  
21 8573 Date street 26 1590 W 37th street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 Hobe sound Fl, 28 Riviera Bch, Fl,  
Zip Country Zip Country  
24 33475 25 United state 29 33407 30 United states

3. Date Incorporated or Qualified 3a. Date of Last Report  
April 29, 1996  
4. FEI Number Applied For  
65-0694497 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

9. Name and Address of Current Registered Agent  
Anderson D. Lorick Sr.  
1590 W 37th street  
Riviera Bch, Fl, 33404

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 Anderson D. Lorick Sr. (Elder) / P. Anderson D. Lorick Sr. August 8, 1997  
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Elder (P)	<input type="checkbox"/> DELETE
NAME	An Elder Anderson D. Lorick Sr	
STREET ADDRESS	1590 W 37th street	
CITY-ST-ZIP	Riviera Bch, Fl, 33404	
TITLE	T/O	<input type="checkbox"/> DELETE
NAME	Donique L. Lorick	
STREET ADDRESS	1590 W 37th street	
CITY-ST-ZIP	Riviera Bch, Fl, 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Timothy W. Lorick	
STREET ADDRESS	3627 Townhouse court	
CITY-ST-ZIP	West Palm Beach Fl, 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Pamela Lorick	
STREET ADDRESS	3627 Townhouse court	
CITY-ST-ZIP	West Palm Beach Fl, 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Reginald Allen	
STREET ADDRESS	1750 W 10 street	
CITY-ST-ZIP	Riviera Bch, Fl, 33404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elder Anderson Lorick Sr.	
1.3 STREET ADDRESS	1590 W 37th street	
1.4 CITY-ST-ZIP	Riviera Bch, Fl, 33404	
2.1 TITLE	V/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donique L. Lorick	
2.3 STREET ADDRESS	1590 W 37th street	
2.4 CITY-ST-ZIP	Riviera Bch, Fl, 33404	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Timothy Lorick	
3.3 STREET ADDRESS	3627 Townhouse court	
3.4 CITY-ST-ZIP	West Palm Bch Fl, 33404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002315294-- 1	
4.3 STREET ADDRESS	-10/08/97--01094--005	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: Elder Anderson D. Lorick Sr. Anderson D. Lorick Sr. August 8, 1997 (561) 863-6852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)