

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002296 (9)
1. Corporation Name
PENTECOSTAL OVERCOMING CHURCH, INC.



Principal Place of Business 8573 DATE STREET HOBE SOUND FL 33475	Mailing Address 1590 W. 37TH STREET RIVIERA BEACH FL 33407
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3. Date Incorporated or Qualified 04/29/1996	
4. FEI Number 65-0694497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30
Country 25	Zip 29

9. Name and Address of Current Registered Agent
**LORICK, ANDERSON D SR.
1590 W. 37TH STREET
RIVIERA BEACH 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	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 *Eloher Anderson D Lorick Sr.* *Anderson D Lorick Sr.* **1-28-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LORICK, ANDERSON D SR
STREET ADDRESS	1590 W. 37TH ST
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	TD <input type="checkbox"/> DELETE
NAME	LORICK, DONIQUE L
STREET ADDRESS	1590 W. 37TH ST
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	D <input type="checkbox"/> DELETE
NAME	LORICK, TIMOTHY W
STREET ADDRESS	3827 TOWNHOUSE COURT
CITY-ST-ZIP	WEST PALM BEACH FL 33404
TITLE	D <input type="checkbox"/> DELETE
NAME	LORICK, PAMELA
STREET ADDRESS	3827 TOWNHOUSE COURT
CITY-ST-ZIP	WEST PALM BEACH FL 33404
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLENK, REGINALD
STREET ADDRESS	1750 W. 12TH STREET
CITY-ST-ZIP	RIVIERA BEACH 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Anderson D Lorick Sr.* *Anderson D Lorick Sr.* **1-28-98**

CR2E037 (10/97)