SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700001426 (2)

## OVERCOMERS OF VOLUSIA, INC.

	<b>;</b>					
Principal Place of Susiness Mailing Address						I (100/stat bin 1011) 100/1 bein bein bein bein bein bein 1011) bib 170/1 bib 110/1 110/1
4550 SOUTH C SUITE C PORT ORANGE	ELYDE MORRIS BOULEVARD	SUITE Ç	4550 SOUTH CLYDE MORRIS BOULEVARD SUITE C PORT ORANGE FL 32119			Date Incorporated or Qualified     03/17/1997
			-			4. FEI Number Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional
21		26				Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	e	City & State	City & State			7. Is this nonprofit corporation a homeowners association?
28						Yes Yo
Zip				Country		8. This corporation owes or has pald the current year intengible
24	25 9. Name and Address of Cur	29	30	ſ		Personal Property Tax due June 30. Li Yes 'X No  10. Name and Address of New Registered Agent
	e. Italiie biid Addiese of Out	tellt italiatoisu Alain	*	81	Name	·
SAMAAN, F	PLERRE J DR.			82	Ctros	
	TH CLYDE MORRIS BOULEVA	RD		04	Sueei	eet Address (P.O. Box Number is Not Acceptable)
SUITE C	3			83		
PORT ORA	NGE FL 32119			84	City	y 85 Zip Code
11. Pursuant to	the provisions of sections 617.05	02 and 617 1508 Florida Statute	s the show	(A-D)	amed or	corporation submits this statement for the purpose of changing its registered
office or re	gistered agent, or both, in the State familiar with, and accept the obli	te of Florida. Such change was a	uthorized	by th	ne corpo	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE.	in terminer with, and accept the con-	galions or, section of r.osos, 1 k	mua Statu	.03.		
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (I	NOTE: Register	red A	gent eignat	nature required when reinsteting) DATE
12		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	d Samaan, Pierre J Dr.	DELETE	1.1 Tf			Change Addition
AFFA ACIFFIL OLVOE MODDIO DUB ALITE A			1,2 N/		ADDRESS	Foo
	PORT ORANGE FL 32119	DETD., COME C	- 1			:33
	D :	□ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	S <b>am</b> aan, Linda	C PECEU	2.2 N/	2.2 NAME		C Strange C Account
ASSO COLUMN MODDIO BLAD CHIEF O			2.3 ST	2.3 STREET ADDRESS		ESS
CITY-ST-ZIP	PORT ORANGE FL 32119		2.4 CI	TY-ST	ZIP	
TITLE	D	DELETE	3.1 TI	TLE		Change Addition
	LUND, GORDON C		3.2 N/	3MA		
	490 NORTH YONGE STREET		3.3 ST	REET	ADDRESS	ESS
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 Cf		-ZIP	
	M <b>CK</b> EOWN, CHUCK	DEL <b>ete</b>	4.1 TI 4.2 N/			Change Addition
	1650 CENTER AVENUE				ADDRESS	see I
CITY-ST-ZIP	HOLLY HILL FL 32117		4.4 CI			
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 N/	ME		La Grange La Maditori
STREET ADORESS			5.3 ST	REET	ADDRESS	ass
CITY-ST-ZIP			5.4 CI	TY-\$T	-ZIP	
TITLE		DELETE	6.1 Tr	TLE		Change Addition
NAME	;		6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	<b>ADDRESS</b>	:SS

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)(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

BIGNATURE AND DATED OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

Pierre J. Samaan PhD

7/4 (38 ime Phone #

**FILED** 

Jul 15 1998 8:00am

Secretary of State