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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001426

1. Corporation Name

OVERCOMERS OF VOLUSIA, INC.

Principal Place of Business

**4550 SOUTH CLYDE MORRIS BOULEVARD
SUITE C
PORT ORANGE FL 32119**

Mailing Address

**4550 SOUTH CLYDE MORRIS BOULEVARD
SUITE C
PORT ORANGE FL 32119**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

NOT-APPLICABLE

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SAMAAN, PIERRE J DR.
4550 SOUTH CLYDE MORRIS BOULEVARD
SUITE C
PORT ORANGE FL 32119**

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

TITLE **D** ☐ DELETE

NAME **SAMAAN, PIERRE J DR.**
STREET ADDRESS **4550 SOUTH CLYDE MORRIS BLVD., SUITE C**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **D** ☐ DELETE

NAME **SAMAAN, LINDA**
STREET ADDRESS **4550 SOUTH CLYDE MORRIS BLVD., SUITE C**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **D** ☐ DELETE

NAME **LUND, GORDON C**
STREET ADDRESS **490 NORTH YONGE STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ DELETE

NAME **MCKEOWN, CHUCK**
STREET ADDRESS **1650 CENTER AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)