

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002959

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** OVERCOMING CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

803 CARLTON STREET NORTH  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

519 CREST AVE S  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-2564557      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHILDS, CARLTON AS PAST  
519 CREST AVE S  
CLEARWATER, FL 336053375 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LANGSTON, JOE N. PASTOR  
Address: 519 CREST AVE S  
City-St-Zip: CLEARWATER, FL 33756 PI

Title: T ( ) Delete  
Name: CHILDS, CARLTON S ASST PA  
Address: 519 CREST AVE S  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: BAKER, ALBERTA FOUNDER  
Address: 2311 28TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: CH M ( ) Delete  
Name: RAYNER, HARRIET CH MO  
Address: 519 CREST AVE S  
City-St-Zip: CLEARWATER, FL 33756 PI

Title: T ( ) Delete  
Name: RAUS, CATHERINE T  
Address: 519 CREST AVE S  
City-St-Zip: CLEARWATER, FL 33756 PI

Title: T ( ) Delete  
Name: CHESTINE, ERNEST T  
Address: 519 CREST AVE S  
City-St-Zip: CLEARWATER, FL 33756 PI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON CHILDS

ASST

07/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date