2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# N97000002959

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 ( )**
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:

CHILDS, CARLTON PASTOR
519 CREST AVE S
CLEARWATER, FL 336053375 US

Name and Address of New Registered Agent:

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:	WILLIAMS, SHIRLEY	
Address:	519 CREST AVE S	
City-St-Zip:	CLEARWATER, FL 33756 PI	
Title:	T	( ) Delete
Name:	CHILDS, CARLTON S PASTOR	
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:	CASON, WILLIE 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:	T	(X) Change ( ) Addition
Name:	CHILDS, VANESSA TRUSTEE	
Address:	519 CREST AVE S	
City-St-Zip:	CLEARWATER, FL 33756 PI	
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 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: SHIRLEY WILLIAMS TRU 08/10/2009

Electronic Signature of Signing Officer or Director — Date