

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001276

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE OVERCOMER CHURCH OF GOD OF PROPHECY, INC.

Current Principal Place of Business:

975 MALADAR RD
N.W. PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 110211
PALM BAY, FL 329110211

New Mailing Address:

FEI Number: 65-0502037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, WINFORD
1776 NANTON ST. NW
PALM BAY, FL 32907 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: D () Delete
Name: GRAHAM, WINFORD
Address: 1776 NANTON ST. NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: PASSLEY, ROSETTA
Address: 1326 HEBERLING ST. NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: SANDRA, DEMASSA
Address: 1481 ELDRON BLVD SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: GARDON, GWENDOLYN
Address: 740 WAIKKIA
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: REGINAL, PASSLEY
Address: 1326 HEBERLING N.W.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: WINFORD GRAHAM,
Address: 1776 NANTON ST. NW
City-St-Zip: PALM BAY, FL 32907

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: WINFORD GRAHAM

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date