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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000003375

1. Corporation Name

OVERTOWN FAMILY OUTREACH MINISTRIES, INC.

Principal Place of Business

1027 N.W. 1ST COURT, #204
MIAMI FL 33136

Mailing Address

POST OFFICE BOX #016943
MIAMI FL 33101-6943



2. Principal Place of Business

21 **1018 N.W. 2nd Avenue**
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

31-1603827 25200

Applied For

No. Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

22 City & State

23 **MIAMI, Florida**

27 City & State

28

24 Zip Country

24 **33136** 25 **U.S.A.**

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOHNSON, DELORIS
1027 N.W. 1ST COURT, #204
MIAMI FL 33136

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCOB** ☐ DELETE
NAME **JOHNSON, DELORIS**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ DELETE
NAME **BANKS, WILLIAM**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ DELETE
NAME **BANKS, PATRICIA**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ DELETE
NAME **ROGERS, SHAUNETTE**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **VP** ☐ DELETE
NAME **FREEMAN, DEBORAH**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **S** ☐ DELETE
NAME **ELLIS, CHANDRA**
STREET ADDRESS **1027 N.W. 1ST COURT, #204**
CITY-ST-ZIP **MIAMI FL 33136**

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:

Deloris Johnson 4-23-99 (305) 358-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)