

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003375

FILED  
Jun 24, 2005  
Secretary of State

**Entity Name:** OVERTOWN FAMILY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

1018 N.W. 2ND AVE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX #016943  
MIAMI, FL 331016943

**New Mailing Address:**

**FEI Number:** 31-1603827      **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:**

JOHNSON, DELORIS  
1517 NW 102 STREET  
MIAMI, FL 33147 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: PCOB ( ) Delete  
Name: JOHNSON, DELORIS  
Address: 1517 NW 102 ST  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: BANKS, WILLIAM  
Address: 1027 N.W. 1ST COURT, #204  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: ROGERS, FRANCES R  
Address: 1027 N.W. 1ST COURT, #104  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: ROGERS, SHAUNETTE  
Address: 1027 N.W. 1ST COURT, #204  
City-St-Zip: MIAMI, FL 33136

Title: VP ( ) Delete  
Name: CLAYBON, LESLIE  
Address: 10520 SW 149TH TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: S ( ) Delete  
Name: ELLIS, CHANDRA  
Address: 1027 N.W. 1ST COURT, #204  
City-St-Zip: MIAMI, FL 33136

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DELORIS JOHNSON

PAST

06/24/2005

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

\_\_\_\_\_  
Date