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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000004895**

1. Corporation Name
OVERCOMERS MINISTRIES, INC.

Principal Place of Business	Mailing Address
5820A PRINCETON DR PENSACOLA FL 32526	5820A PRINCETON DR PENSACOLA FL 32526

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2616 Tivosa Circle	26 5635 Vestavia LN.	08/24/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3524192 ☐ Applied For ☐ Not Applicable
City & State 23 Pensacola, Fla	City & State 28 Pensacola Fla	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 32526 25 Escambia	Zip / Country 29 32526 30 Escambia	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLAY, JAMES H 5820A PRINCETON DR PENSACOLA FL 32526	81 Name CLAY, James H. 82 Street Address (P.O. Box Number is Not Acceptable) 5635 Vestavia LN 83 84 City Pensacola FL 85 Zip Code 32526

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAY, JAMES H 5820A PRINCETON DR PENSACOLA FL 32526	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CLAY, James H. 5635 Vestavia LN Pensacola, Fl 32526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PRITLE, CINDY 5820A PRINCETON DR PENSACOLA FL 32526	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ODOM, CANDACE 5820A PRINCETON DR PENSACOLA FL 32526	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VANNESTE, PETER 5820A PRINCETON DR PENSACOLA FL 32526	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	~~CLAY, Charity~~ IHC	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	MD CLAY, Charity 5635 Vestavia LN. Pensacola, Fla 32526	☐ Change ☒ Addition

CR2E037 (11/98)

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: James H. Clay SIGNATURE REQUIRED James H. Clay March 17, 1999 (850) 456-4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #