2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002620

1. Entity Name

THE OVERCOMER MINISTRIES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90042 004 ****61.25

Principal Place of Business	Mailing Address
5171 OAKLAND PARK BLVD..APT 307 FT.LAUDERDALE FL 33313	5171 OAKLAND PARK BLVD..APT 307 FT.LAUDERDALE FL 33313-7906

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Unchanged	Unchanged
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NA — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORDI, RICHARD 5171 OAKLAND PARK BLVD..APT 307 FT.LAUDERDALE FL 33313	Name: Unchanged Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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.

Unchanged

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition D Richard MORDI 5171 Oakland Park Blvd, Apt 307 Lauderdale Lakes, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition D Roseann MORDI 5171 Oakland Park Blvd, Apt 307 Lauderdale Lakes, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition D. Michelle NUNZIATA 3101 NW 47th Terrace, Apt 233 Lauderdale Lakes, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: January 15, 2000 — Daytime Phone #

CR2E037 (9/99)