2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006392

FILED Oct 03, 2007 Secretary of State

Entity Name: THE OVERCOMERS WORSHIP CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 1098 PAUL RUSSELL ROAD 1102 SOUTH ADAMS ST., STE, 1,2 TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 6540 CEDAR CHASE WAY TALLAHASSEE, FL 32311 FEI Number: 59-3599778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: COLEY, DEMETRIUS A 6540 CÉDAR CHASE WAY TALLAHASSEE, FL 32311 US 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: DR. DEMETRIUS A. COLEY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Change () Addition () Delete COLEY, DEMETRIUS A Name: Name: Address: 6540 CEDAR CHASE WAY Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COLEY, ELICIA A Name: Address: 6540 CEDAR CHASE WAY Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLEY, GEORGIA Name: COLEMAN, FRANK Name: 3520 OLD BAINBRIDGE ROAD, #292 2806 SOUTHWOOD DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify 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: DR. DEMETRIUS A. COLEY PCEO 10/03/2007