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FILED

Apr 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709327 (1)

1. Corporation Name

ABUNDANT BLESSINGS ASSEMBLY OF GOD OF OKEECHOBEE  
INC.

Principal Place of Business

4550 HWY 441. NORTH  
P.O. BOX 813  
OKEECHOBEE FL 34972  
US

Mailing Address

P. O. BOX 813  
OKEECHOBEE FL 34973-0813  
US



3. Date Incorporated or Qualified  
07/19/1965

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1095392

Applied For

Not 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



9. Name and Address of Current Registered Agent

BELLEVILLE, REV. MARK T.  
2150 SE 9TH AVE  
OKEECHOBEE FL 34973

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BELLEVILLE, REV. MARK T.	
STREET ADDRESS	2150 SE 9TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LIPSCOMB, JAMES	
STREET ADDRESS	8184 NW 80TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAM, CLIFF	
STREET ADDRESS	811 SE 5TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCKORAS, DAVID	
STREET ADDRESS	3398 SW 22ND ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SNOW, KEN	
STREET ADDRESS	3340 SW 19TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 registered agent 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.

SIGNATURE:

SIGNATURE REQUIRED

3-28-97/94/243-3736

CR2E037 (9/96)