

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 003 ****61.25

DOCUMENT # 709327

1. Entity Name

**ABUNDANT BLESSINGS ASSEMBLY OF GOD OF
OKEECHOBEE, INC.**



Principal Place of Business

Mailing Address

**4550 HWY 441, NORTH
OKEECHOBEE FL 34972
US**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1095392

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

**WILLIAMS, MELVIN
7200 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972**

Name

VINCE PADGETT

Street Address (P.O. Box Number is Not Acceptable)

2212 SW 3RD AVE

City

OKEECHOBEE

FL

Zip Code

34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature of Vince Padgett]

(NOTE: Registered Agent signature required when reinstating)

4-25-07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, LANCE	
STREET ADDRESS	2212 SW 3RD AVENUE	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MELVIN	
STREET ADDRESS	7200 HIGHWAY 441 NORTH	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASS, MAMIE	
STREET ADDRESS	1108 NW 7TH STREET	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BOEKORAS, SR.	
STREET ADDRESS	400 NE 138TH ST	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE BODENBERG	
STREET ADDRESS	1107 NW 7TH CT.	
CITY-STATE-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK ADAMS	
STREET ADDRESS	770 S.E. 25TH ST	
CITY-STATE-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of Frank Adams]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-763-3736