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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # N15146 (6)

1. Corporation Name
GRACE MINISTRIES OF OKEECHOBEE, INC.

Principal Place of Business	Mailing Address
401 SW PARK STREET P O BOX 663 OKEECHOBEE FL 34972-4164	401 SW PARK STREET P O BOX 663 OKEECHOBEE FL 34972-4164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2775949 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

THOMAS, FRANCIS
701 NW 30 LANE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name: Snow, KenneTh
82 Street Address (P.O. Box Number is Not Acceptable): 1029 NW 113 Dr.
83:
84 City: Okeechobee FL 85 Zip Code: 34972

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kenneth G Snow — 2-16-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	THOMAS, FRANCIS	1.2 NAME	Snow, KenneTh	
STREET ADDRESS	701 NW 30 LANE	1.3 STREET ADDRESS	1029 NW 113 Dr	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARY FAYE	2.2 NAME		
STREET ADDRESS	701 NW 30 LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	V D	☑ Change ☐ Addition
NAME	SNOW, KENNETH	3.2 NAME	Belleville, Mark	
STREET ADDRESS	1029 NW 113 DR.	3.3 STREET ADDRESS	4550 Hy 441 N	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DAVID	4.2 NAME		
STREET ADDRESS	1202 SE 8 DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kenneth Snow — Kenneth G Snow — 2-16-95 — 813-763-6636
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0020950