

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/29/1986

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOW, KENNETH
1029 NW 113TH DR
OKEECHOBEE FL 34972

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SNOW, KENNETH
STREET ADDRESS 1029 NW 113TH DR
CITY-ST-ZIP OKEECHOBEE FL

TITLE STD ☒ DELETE

NAME THOMAS, MARY FAYE
STREET ADDRESS 701 NW 30 LANE
CITY-ST-ZIP OKEECHOBEE FL

TITLE VD ☐ DELETE

NAME BELLEVILLE, MARK
STREET ADDRESS 4550 HWY 441 N
CITY-ST-ZIP OKEECHOBEE FL

TITLE VD ☒ DELETE

NAME DAVIS, DAVID
STREET ADDRESS 1202 SE 8 DR.
CITY-ST-ZIP OKEECHOBEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 19, 1996

941-467-0527

Date

Daytime Phone #

3-27-96

CR2E037 (12/95)