

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90060 005 ****61.25

DOCUMENT # N15146

1. Entity Name

GRACE MINISTRIES OF OKEECHOBEE, INC.

Principal Place of Business

401 SW PARK STREET
P O BOX 663
OKEECHOBEE FL 34972-4164

Mailing Address

401 SW PARK STREET
P O BOX 663
OKEECHOBEE FL 34972-4164

2. Principal Place of Business

P.O. Box 663

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 663

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip 34973

Country

City & State

OKEECHOBEE, FL

Zip

34973

Country

4. FEI Number

59-2775949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNOW, KENNETH
3340 SW 19TH ST
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SNOW, KENNETH**
STREET ADDRESS **3340 SW 19TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **STD** ☐ Delete
NAME **INGRAM, THOMAS C**
STREET ADDRESS **811 SW 5TH AVENUE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **VD** ☐ Delete
NAME **BELLEVILLE, MALINDA**
STREET ADDRESS **4550 HWY 441 N**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I 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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00 863-763-3736

CR25E(37) (9/99)