

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15146**

1. Entity Name  
GRACE MINISTRIES OF OKEECHOBEE, INC.



Principal Place of Business  
P O BOX 663  
OKEECHOBEE, FL 34973

Mailing Address  
P O BOX 663  
OKEECHOBEE, FL 34973



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2775949

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SNOW, KENNETH  
3340 SW 19TH ST  
OKEECHOBEE, FL 34972

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SNOW, KENNETH  
STREET ADDRESS 2000 SW 3RD AVENUE  
CITY-ST-ZIP OKEECHOBEE, FL

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

TITLE VD  
NAME BELLEVILLE, MALINDA  
STREET ADDRESS 2150 SE 9TH AVENUE  
CITY-ST-ZIP OKEECHOBEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

01/25/05-80107-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

1-18-05