

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 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



02222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000650033  
03/07/07-80076-009 61.25

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 522 SW 36TH TERR  
CITY-ST-ZIP OKEECHOBEE, FL 34973

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Kenneth G. Snow*

2-22-07