2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15146

FILED Apr 10, 2008 Secretary of State

Entity Name: GRACE MINISTRIES OF OKEECHOBEE, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 663 400 NE138TH ST.

OKEECHOBEE, FL 34973 OKEECHOBEE, FL 34972

Current Mailing Address: New Mailing Address:

P O BOX 663

OKEECHOBEE, FL 34973

FEI Number: 59-2775949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNOW, KENNETH SNOW, KENNETH 3340 SW 19TH ST 2000 SW 3RD AVE

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34972 US

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: DAVID BOCKORAS 04/10/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SNOW, KENNETH
 Name:
 BOCKORAS, DAVID

 Address:
 2000 SW 3RD AVENUE
 Address:
 2000 SW 3RD AVENUE

 City-St-Zip:
 OKEECHOBEE, FL
 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: STD () Delete Title: STD (X) Change () Addition

Name: INGRAM, THOMAS C Name: KIERSTEADS, MALINDA

 Address:
 522 SW 36TH TERR
 Address:
 PO BOX 1802

 City-St-Zip:
 OKEECHOBEE, FL 34973
 City-St-Zip:
 PRESQUE ISLE, ME 04769 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BELLEVILLE, MALINDA
 Name:
 MILLER, DARLENE

 Address:
 2150 SE 9TH AVENUE
 Address:
 3282 NW 40TH DR.

 City-St-Zip:
 OKEECHOBEE, FL
 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: () Delete Title: OF () Change (X) Addition

 Name:
 Name:
 SNOW, KENNETH

 Address:
 Address:
 2000 SW 3RD AVE

 City-St-Zip:
 City-St-Zip:
 OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE MILLER VD 04/10/2008