2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2009
Secretary of State

DOCUMENT# N15146

Entity Name: GRACE MINISTRIES OF OKEECHOBEE, INC.

Current Principal Place of Business:

400 NE138TH ST.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P O BOX 663
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 59-2775949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNOW, KENNETH
2000 SW 3RD AVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOCKORAS, DAVID
Address: 2000 SW 3RD AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD ( ) Delete
Name: KIERSTEADS, MALINDA
Address: PO BOX 1802
City-St-Zip: PRESQUE ISLE, ME 04769 US

Title: VD ( ) Delete
Name: MILLER, DARLENE
Address: 3282 NW 40TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: OF ( ) Delete
Name: SNOW, KENNETH
Address: 2000 SW 3RD AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 VP 06/07/2009

Electronic Signature of Signing Officer or Director — Date