

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # N45987 (7)

1. Corporation Name
THE WORD OF HIS GRACE FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6002 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068	Mailing Address 6002 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068
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3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0297614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**BOWNE, REV DOUGLAS O
6002 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWNE, REV. DOUGLAS O.
STREET ADDRESS	% 6002 KIMBERLY BLVD.
CITY - ST - ZIP	N LAUDERDALE FL
TITLE	VD
NAME	HOBBS, KENNETH A.(TRUSTE
STREET ADDRESS	% 6002 KIMBERLY BLVD.
CITY - ST - ZIP	N LAUDERDALE FL
TITLE	SD
NAME	CHUNN, JAN E.
STREET ADDRESS	%6002 KIMBERLY BLVD
CITY - ST - ZIP	N LAUDERDALE FL
TITLE	TD
NAME	FEYERS, KENNETH S.
STREET ADDRESS	% 6002 KIMBERLY BLVD
CITY - ST - ZIP	N LAUDERDALE FL
TITLE	D
NAME	PLANTE, ARTHUR J.
STREET ADDRESS	% 6002 KIMBERLY BLVD
CITY - ST - ZIP	N LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Kenneth S. Feyers* **3/21/95** 305-978-3374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #
Kenneth S. Feyers