

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45987** (7)

1. Corporation Name

**THE WORD OF HIS GRACE FELLOWSHIP, INC.**



Principal Place of Business

Mailing Address

6002 KIMBERLY BLVD.  
NORTH LAUDERDALE FL 33068

6002 KIMBERLY BLVD.  
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified  
**11/13/1991**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0297614**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

B1 Name

B2 Street Address (P.O. Box Number Is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Douglas O. Bowne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

305-978-3374

Date

Daytime Phone #

CR2E037 (12/95)