


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N45987
 1. Entity Name
THE WORD OF HIS GRACE FELLOWSHIP, INC.



Principal Place of Business
**6002 KIMBERLY BLVD.
 NORTH LAUDERDALE, FL 33068**

Mailing Address
**6002 KIMBERLY BLVD.
 NORTH LAUDERDALE, FL 33068**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0297614

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWNE, REV. DOUGLAS O. % 6002 KIMBERLY BLVD. N LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNN, JAN 6002 KIMBERLY BLVD N LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, LENA 6002 KIMBERLY BLVD. N. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASTERSON, MAYRA 6002 KIMBERLY BLVD. N. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000275302
 03/24/05-80043-021 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Douglas O. Bowne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 954-978-3374
 Date Daytime Phone #