

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45987

FILED
Apr 21, 2006
Secretary of State

Entity Name: THE WORD OF HIS GRACE FELLOWSHIP, INC.

Current Principal Place of Business:

6002 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6002 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 65-0297614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWNE, REV DOUGLAS O
6002 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068 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: BOWNE, REV. DOUGLAS, O.
Address: % 6002 KIMBERLY BLVD.
City-St-Zip: N LAUDERDALE, FL

Title: D () Delete
Name: CHUNN, JAN
Address: 6002 KIMBERLY BLVD
City-St-Zip: N LAUDERDALE, FL

Title: SD () Delete
Name: DIAZ, LENA
Address: 6002 KIMBERLY BLVD.
City-St-Zip: N. LAUDERDALE, FL

Title: TD () Delete
Name: MASTERSON, MAYRA
Address: 6002 KIMBERLY BLVD.
City-St-Zip: N. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SPEED, NANCY
Address: 6002 KIMBERLY BLVD
City-St-Zip: N LAUDERDALE, FL

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 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: DOUGLAS O. BOWNE

PD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date