

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45987

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

770 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33077

**New Principal Place of Business:**

7778 WILES ROAD  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

P.O. BOX 771328  
CORAL SPRINGS, FL 33077

**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  
1900 NW 77 AVENUE  
MARGATE, FL 33063      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: PO BOX 771328  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: D ( ) Delete  
Name: SPEED, NANCY  
Address: PO BOX 771328  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: SD ( ) Delete  
Name: DIAZ, LENA  
Address: PO BOX 771328  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: TD (X) Delete  
Name: MASTERSON, MAYRA  
Address: PO BOX 771328  
City-St-Zip: CORAL SPRINGS, FL 33077

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: BOWNE, REV. DOUGLAS, O.  
Address: PO BOX 771328  
City-St-Zip: CORAL SPRINGS, FL 33077

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: DOUGLAS O. BOWNE

Electronic Signature of Signing Officer or Director

PTD

04/28/2008

\_\_\_\_\_ Date