

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# N45987

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

Current Principal Place of Business:

7778 WILES ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

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: PTD () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

PTD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date