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FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04215 (2)

1. Corporation Name

WORD OF GRACE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

6450 MELALEUCA LANE  
GREEN ACRES FL 33463  
USP.O. BOX 5719  
LAKE WORTH FL 33466-5719  
US3. Date Incorporated or Qualified  
07/17/19843a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 6450 Melaleuca Lane

26 P.O. Box 541330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 Greenacres, FL 33463

28 Lake Worth, FL 33454-1330

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE, HAROLD D.  
4630 HOLLY LAKE DRIVE  
LAKE WORTH FL 33463

Change to 4632 Holly Lake Dr.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUCE, HAROLD D.	
STREET ADDRESS	4630 HOLLY LAKE DR	
CITY - ST - ZIP	LAKE WORTH FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4632 Holly Lake Drive
1.4 CITY - ST - ZIP	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRUCE, NANCY L.	
STREET ADDRESS	4630 HOLLY LAKE DR	
CITY - ST - ZIP	LAKE WORTH FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4632 Holly Lake Drive
2.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETRUCH, GEORGE J	
STREET ADDRESS	5544 SOUTH RUE RD	
CITY - ST - ZIP	W PALM BCH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold D. Bruce

02/08/97

561-433-2223

CR2E037 (9/96)