

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N04215****1. Entity Name**
WORD OF GRACE FELLOWSHIP, INC.**Principal Place of Business**
6450 MELALEUCA LANE
GREEN ACRES FL 33463
Mailing Address
P.O. BOX 541330
LAKE WORTH FL 334541330**2. Principal Place of Business**
148 E. 4TH STREET
3. Mailing Address
Suite, Apt. #, etc.**City & State**
PAHOKEE FL**Zip** 33476 **Country** US**4. FEI Number**
59-2424929
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BRUCE, HAROLD D.**
4632 HOLLY LAKE DRIVE
LAKE WORTH FL 33463**7. Name and Address of New Registered Agent****Name**
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code****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.****SIGNATURE** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	IDEROSA RICHARD A	
STREET ADDRESS	16113 MAYFAIR DR E	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRUCE, NANCY L.	
STREET ADDRESS	D4632 HOLLY LAKE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUCE, HAROLD D.	
STREET ADDRESS	4632 HOLLY LAKE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO JOSE M	
STREET ADDRESS	7569 DEUCE LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** **HAROLD D BRUCE** **PD** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)