

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N04215

FILED
May 06, 2003
Secretary of State

Entity Name: WORD OF GRACE FELLOWSHIP, INC.

Current Principal Place of Business:

148 E. 4TH STREET
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541330
LAKE WORTH, FL 334541330 US

New Mailing Address:

FEI Number: 59-2424929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, HAROLD D.
4632 HOLLY LAKE DRIVE
LAKE WORTH, FL 33463 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: BRUCE, HAROLD D.,
Address: 4632 HOLLY LAKE DRIVE
City-St-Zip: LAKE WORTH, FL

Title: VSD () Delete
Name: BRUCE, NANCY L.,
Address: D4632 HOLLY LAKE DRIVE
City-St-Zip: LAKE WORTH, FL

Title: TD () Delete
Name: MARRERO, JOSE M
Address: 7569 DEUCE LANE
City-St-Zip: LAKE WORTH, FL 33467

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 for the exemption stated in Section 119.07(3)(i), 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: HAROLD D. BRUCE

PD

05/06/2003

Electronic Signature of Signing Officer or Director

Date