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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45987** (7)

1. Corporation Name

THE WORD OF HIS GRACE FELLOWSHIP, INC.



Principal Place of Business 6002 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068	Mailing Address 6002 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068-2812
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3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0297614	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWNE, REV DOUGLAS O
6002 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWNE, REV. DOUGLAS O.	1.2 NAME	
STREET ADDRESS	% 6002 KIMBERLY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, KENNETH A. (TRUSTE	2.2 NAME	
STREET ADDRESS	% 6002 KIMBERLY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNN, JAN E.	3.2 NAME	
STREET ADDRESS	%6002 KIMBERLY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEYERS, KENNETH S.	4.2 NAME	
STREET ADDRESS	% 6002 KIMBERLY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTE, ARTHUR J.	5.2 NAME	
STREET ADDRESS	% 6002 KIMBERLY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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.

Douglas O. Bowne, President

SIGNATURE: *Douglas O. Bowne* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 954-978-3374

Date

Daytime Phone # 0025718

CR2E037 (9/96)