

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45987

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete  
NAME BOWNE, REV. DOUGLAS O.  
STREET ADDRESS % 6002 KIMBERLY BLVD.  
CITY-ST-ZIP N LAUDERDALE FL

TITLE SD ☐ Delete  
NAME CHUNN, JAN E.  
STREET ADDRESS %6002 KIMBERLY BLVD  
CITY-ST-ZIP N LAUDERDALE FL

TITLE D ☐ Delete  
NAME PLANTE, ARTHUR J.  
STREET ADDRESS % 6002 KIMBERLY BLVD  
CITY-ST-ZIP N LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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: Douglas O. Bowne President 4/28/00 954-978-3374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90004 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0297614 ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/99)