

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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**



02042004 No Chg-NP CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000074197
03/03/04-80008-009 61.25**

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME CHUNN, JAN
STREET ADDRESS 6002 KIMBERLY BLVD
CITY-ST-ZIP N LAUDERDALE, FL

TITLE SD
NAME DIAZ, LENA
STREET ADDRESS 6002 KIMBERLY BLVD.
CITY-ST-ZIP N. LAUDERDALE, FL

TITLE TD
NAME MASTERTSON, MAYRA
STREET ADDRESS 6002 KIMBERLY BLVD.
CITY-ST-ZIP N. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

954-978-3374

Daytime Phone if