


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N45987 1. Entity Name THE WORD OF HIS GRACE FELLOWSHIP, INC.	
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Principal Place of Business 6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068	Mailing Address 6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0297614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWNE, REV DOUGLAS O 6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWNE, REV. DOUGLAS O. % 6002 KIMBERLY BLVD. N LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNN, JAN 6002 KIMBERLY BLVD N LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, LENA 6002 KIMBERLY BLVD. N. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASTERSON, MAYRA 6002 KIMBERLY BLVD. N. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>00000275302 03/24/05-80043-021 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Douglas O. Bowne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/31/05 954-978-3374</u> <small>Date Daytime Phone #</small>
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