## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N45987

Entity Name: THE WORD OF HIS GRACE FELLOWSHIP, INC.

Current Principal Place of Business:	New Principal Place of Business:		
6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068	770 RIVERSIDE DRIVE CORAL SPRINGS, FL 33077		
Current Mailing Address:	New Mailing Address:		
6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068	P.O. BOX 771328 CORAL SPRINGS, FL 33077		
FEI Number: 65-0297614 FEI Number Applied For() FEI Num	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:		
BOWNE, REV DOUGLAS O 6002 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068 US	BOWNE, REV DOUGLAS O 1900 NW 77 AVENUE MARGATE, FL 33063 US		

FILED Apr 26, 2007 Secretary of State

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:			04/26/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PD ( ) Delete	Title:	PD (X) Change () Addition	
Name:	BOWNE, REV. DOUGLAS, O.	Name:	BOWNE, REV. DOUGLAS, O.	
Address:	% 6002 KIMBERLY BLVD.	Address:	PO BOX 771328	
City-St-Zip:	N LAUDERDALE, FL	City-St-Zip:	CORAL SPRINGS, FL 33077	
Title:	D () Delete	Title:	D (X) Change ( ) Addition	
Name:	SPEED, NANCY	Name:	SPEED, NANCY	
Address:	6002 KIMBERLY BLVD	Address:	PO BOX 771328	
City-St-Zip:	N LAUDERDALE, FL	City-St-Zip:	CORAL SPRINGS, FL 33077	
Title:	SD ( ) Delete	Title:	SD (X) Change ( ) Addition	
Name:	DIAZ, LENA	Name:	DIAZ, LENA	
Address:	6002 KIMBERLY BLVD.	Address:	PO BOX 771328	
City-St-Zip:	N. LAUDERDALE, FL	City-St-Zip:	CORAL SPRINGS, FL 33077	
Title:	TD () Delete	Title:	TD (X) Change () Addition	
Name:	MASTERSON, MAYRA	Name:	MASTERSON, MAYRA	
Address:	6002 KIMBERLY BLVD.	Address:	PO BOX 771328	
City-St-Zip:	N. LAUDERDALE, FL	City-St-Zip:	CORAL SPRINGS, FL 33077	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:	DOUGLAS O. BOWNE	PD	04/26/2007
	Electronic Signature of Signing Officer or Director		Date