# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2007**
**Secretary of State**

DOCUMENT# N94000005658

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

**Current Principal Place of Business:**

2506 PARSONS AVE
SEFFNER, FL 33584

**New Principal Place of Business:**

2506 S PARSONS AVE
SEFFNER, FL 33584

**Current Mailing Address:**

2506 PARSONS AVE
SEFFNER, FL 33584

**New Mailing Address:**

2506 S PARSONS AVE
SEFFNER, FL 33584

**FEI Number: 59-3273846** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, DAVID C III
5666 SEMINOLE BLVD.
SUITE 2
SEMINOLE, FL 34642 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PHILLIPS SR, SAMUEL L
Address: 220 BON VIE PLACE
City-St-Zip: VALRICO, FL 33695 US

Title: APD ( ) Delete
Name: THOMAS, RONALD G
Address: 11553 WELLMAN DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: SD ( ) Delete
Name: DEMPS, ARTHUR J
Address: 1513 SILKTREE COURT
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL L PHILLIPS SR PD 03/30/2007

Electronic Signature of Signing Officer or Director — Date