

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005658

FILED  
Mar 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2506 S PARSONS AVE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

2506 S PARSONS AVE  
SEFFNER, FL 33584

**New Mailing Address:**

**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: APD (X) Change ( ) Addition  
Name: THOMAS, RONALD G  
Address: 11553 WELLMAN DR.  
City-St-Zip: RIVERVIEW, FL 33578 US

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

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: SAMUEL L. PHILLIPS SR

PD

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date