FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741757** **(9)**

1. Corporation Name
HIS WORDS LIBRARY, INC.

Principal Place of Business	Mailing Address
21507 GREEN SPRING RD. ABINGDON VA 24210 US	21507 GREEN SPRING RD. ABINGDON VA 24210 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1978
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1794073 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 21093 GREEN SPRING RD	26 21093 GREEN SPRING RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ABINGDON VA	City & State 28 ABINGDON VA
Zip / Country 24 24211 / 25 WASHINGTON	Zip / Country 29 24211 / 30 WASHINGTON

9. Name and Address of Current Registered Agent

WITTMAN, WILLIAM M.
4790 TAMIAMI TRIAL
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, STEPHEN W. REV.	1.2 NAME		
STREET ADDRESS	180 S. ORANGE AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	(PD)	☒ Change ☐ Addition
NAME	HARRIS, BARBARA C.	2.2 NAME	HARRIS, BARBARA C.	
STREET ADDRESS	31507 GREEN SPRING RD.	2.3 STREET ADDRESS	21095 GREEN SPRING ROAD	
CITY-ST-ZIP	ABINGDON VA	2.4 CITY-ST-ZIP	ABINGDON VA 24211	
TITLE	VT	3.1 TITLE	(VT)	☒ Change ☐ Addition
NAME	THOMPSON, NANCY	3.2 NAME	THOMPSON, NANCY	
STREET ADDRESS	7701 S W 50 TH CT	3.3 STREET ADDRESS	21093 GREEN SPRING ROAD	
CITY-ST-ZIP	MIAMI,FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	(D)	☒ Change ☐ Addition
NAME	YOUMANS, WILLIAM J. REV.	4.2 NAME	YOUMANS WM J. REV	
STREET ADDRESS	RT 1 BOX 485	4.3 STREET ADDRESS	21507 GREEN SPRING ROAD	
CITY-ST-ZIP	ABINGDON VA	4.4 CITY-ST-ZIP	ABINGDON VA 24211	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	LEADINGHAM, J. LIN	5.2 NAME		
STREET ADDRESS	405 S. WASHINGTON	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL NM	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/23/95 703-673-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073673