

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 741757	
1. Entity Name HIS WORDS LIBRARY, INC.	

Principal Place of Business 21093 GREEN SPRING RD ABINGDON VA 24211 US	Mailing Address 21093 GREEN SPRING RD ABINGDON VA 24211 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1794073	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WITTMAN, WILLIAM M. 4790 TAMiami TRAIL CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEPHEN W. REV. 901 KENSINGTON GARDENT CT OVIEDO FL 32765 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, BARBARA C. 21093 GREEN SPRING RD ABINGDON VA 24211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, WILLIAM J. REV. 2831 N SHARON AMITY ROAD CHARLOTTE NC 28205 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FUGATE, CATHY H 21097 GREEN SPRING ROAD BRADENTON FL 34211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, NANCY 21093 GREEN SPRING RD ABINGDON VA 24211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: BARBARA C HARRIS *[Signature]* 4/1/08 (276) 623-0615