

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90017 034 \*\*\*\*61.25

DOCUMENT # 741757

1. Corporation 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

585358 - 90017 - 34 8 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1978	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-1794073	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
WITTMAN, WILLIAM M.				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
4790 TAMiami TRIAL				Trust Fund Contribution	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, STEPHEN W. REV.	1.2 NAME	
STREET ADDRESS	901 KENSINGTON GARDENT CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL	1.4 CITY-ST-ZIP	32765
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, BARBARA C.	2.2 NAME	
STREET ADDRESS	21093 GREEN SPRING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ABINGDON VA 24211	2.4 CITY-ST-ZIP	24211
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, NANCY	3.2 NAME	
STREET ADDRESS	21093 GREEN SPRING ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ABINGDON VA 24211	3.4 CITY-ST-ZIP	24211
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM J. REV.	4.2 NAME	YOUNG, WILLIAM J. REV.
STREET ADDRESS	21507 GREEN SPRING RD	4.3 STREET ADDRESS	2831 N. SHARON AMITY ROAD
CITY-ST-ZIP	ABINGDON VA	4.4 CITY-ST-ZIP	CHARLOTTE, NC 28205
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

S. P. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99

Date

540 623 0615

Daytime Phone #

CR2E037 (5/99)