

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90001 002 ****61.25

DOCUMENT # 741757

1. Entity Name

HIS WORDS LIBRARY, INC. *R*

Principal Place of Business

Mailing Address

21093 GREEN SPRING RD
 ABINGDON VA 24211
 US

21093 GREEN SPRING RD
 ABINGDON VA 24211-5953
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
 BROWN, STEPHEN W. REV.
 STREET ADDRESS 901 KENSINGTON GARDENT CT
 CITY-ST-ZIP OVIEDO FL 32765

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 HARRIS, BARBARA C.
 STREET ADDRESS 21093 GREEN SPRING RD
 CITY-ST-ZIP ABINGDON VA 24211

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VST**
 THOMPSON, NANCY
 STREET ADDRESS 21093 GREEN SPRING ROAD
 CITY-ST-ZIP ABINGDON VA 24211

TITLE Change Addition
 NAME **VICE PRES - TREASURER**
 THOMPSON, NANCY
 STREET ADDRESS 21093 GREEN SPRING ROAD
 CITY-ST-ZIP ABINGDON VA 24211

TITLE Delete
 NAME **D**
 YOUmans, WILLIAM J. REV.
 STREET ADDRESS 2831 N SHARON AMITY ROAD
 CITY-ST-ZIP CHARLOTTE NC 28205

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SECRETARY**
 CARMY H. FUGATE
 STREET ADDRESS 21097 GREEN SPRING RD
 CITY-ST-ZIP ABINGDON VA 24211

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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* **Barbara C Harris** *4/15/00* **4/15/00** *540 623 0615* **540 623 0615**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)