2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 17, 2006 08:00 AN **DOCUMENT # 741757** 1. Entity Name **Secretary of State** HIS WORDS LIBRARY, INC. Principal Place of Business Mailing Address 21093 GREEN SPRING RD ABINGDON VA 24211 21093 GREEN SPRING RD ABINGDON VA 24211 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc. Suite Apt # etc. 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For City & State City & State 59-1794073 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WITTMAN, WILLIAM M. Street Address (P.O. Box Number is Not Acceptable) 4790 TAMIAMI TRIAL CORAL GABLES FL 33134 Zip Code City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete THLE Change Addition BROWN, STEPHEN W. REV. NAME NAME U000000514094 STREET ADDRESS 901 KENSINGTON GARDENT CT STREET ADDRESS 04/29/06-80159-006 61.25 OVIEDO FL 32765 GRY-SI-ZW CITY-ST-ZIP PD Delete TITLE Change Addition TITLE HARRIS, BARBARA C. MARKE 21093 GREEN SPRING RD STREET ADDRESS STREET ADDRESS ABINGDON VA 24211 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Add lion TITLE Delete YOUMANS, WILLIAM J. REV. NAME 2831 N SHARON AMITY ROAD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHARLOTTE NC 28205 CITY-ST-ZIP TITLE ☐ Defete 31115 ☐ Change ☐ Addition NAME NAME FUGATE, CATHY H 21097 GREEN SPRINE ROAD STREET ADDRESS STREET ADDRESS CITY-51-ZIP BRADENTON FL 34211 CHY-SI-ZE TITLE ☐ Delete Change ☐ Addition THOMPSON, NANCY NAME NAME 21093 GREEN SPRING RD STRELT ADDRESS STREET ADDRESS ABINGDON VA 24211 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.