

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741757

FILED
Apr 04, 2009
Secretary of State

Entity Name: HIS WORDS LIBRARY, INC.

Current Principal Place of Business:

21093 GREEN SPRING RD
ABINGDON, VA 24211 US

New Principal Place of Business:

Current Mailing Address:

21093 GREEN SPRING RD
ABINGDON, VA 24211 US

New Mailing Address:

FEI Number: 59-1794073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, STEPHEN W. RE, V.
Address: 901 KENSINGTON GARDENT CT
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: HARRIS, BARBARA C.,
Address: 21093 GREEN SPRING RD
City-St-Zip: ABINGDON, VA 24211

Title: D () Delete
Name: YOUMANS, WILLIAM J., REV.
Address: 2831 N SHARON AMITY ROAD
City-St-Zip: CHARLOTTE, NC 28205

Title: ST () Delete
Name: FUGATE, CATHY H
Address: 21097 GREEN SPRINE ROAD
City-St-Zip: BRADENTON, FL 34211

Title: VP () Delete
Name: THOMPSON, NANCY
Address: 21093 GREEN SPRING RD
City-St-Zip: ABINGDON, VA 24211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOUMANS, WILLIAM J., REV.
Address: 7916 MEADOWDALE LANE
City-St-Zip: CHARLOTTE, NC 28212

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA C. HARRIS

PRES

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date