

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751185 (0)

1. Corporation Name

HIS WORD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 816
CRESTVIEW FL 32536

P.O. BOX 816
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1980

3a. Date of Last Report

05/10/1994

4. FEI Number

59-3234917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, RAY
921 E CHESTNUT AVE
CRESTVIEW FL 32536

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WILSON, RAY

STREET ADDRESS

921 E CHESTNUT AVE

CITY - ST - ZIP

CRESTVIEW FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

DAVID E. ELLIS ☐ Change ☒ Addition

2942 NE SECOND AVENUE
CRESTVIEW FL 32536

TITLE

D

NAME

WILKINSON, GORDON V

STREET ADDRESS

6000 BELEVILLE ROAD

CITY - ST - ZIP

MILTON FL 32570

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

WILKINSON, GORDON V. ☒ Change ☐ Addition

6000 BELEVILLE ROAD DELETE
MILTON FL 32570

TITLE

D

NAME

ULRICH, ALBERT E

STREET ADDRESS

2938 BARTON ROAD

CITY - ST - ZIP

CRESTVIEW FL 32536

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

GRANT, BASCOLM R

STREET ADDRESS

2796 LAKE SILVER ROAD

CITY - ST - ZIP

CRESTVIEW FL 32536

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

RAY WILSON

Title

Signature