

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002571

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: HIS WORD CENTER, INC.

## Current Principal Place of Business:

11212 ST. ANDREWS CT  
RIVERVIEW, FL 33569

## New Principal Place of Business:

3906 RYALWOOD CT.  
VALRICO, FL 33594

## Current Mailing Address:

POST OFFICE BOX 89485  
TAMPA, FL 33689

## New Mailing Address:

FEI Number: 59-2582524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LANGSTON, LONNIE DR.  
1971 W LUMSDAN RD #302  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

LANGSTON, LAWRENCE DR.  
1971 W LUMSDAN RD #302  
BRANDON, FL 33511 US

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: DR. LAWRENCE LANGSTON

03/30/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANGSTON, LONNIE DR.  
Address: POST OFFICE BOX 89485  
City-St-Zip: TAMPA, FL 33689

Title: VD ( ) Delete  
Name: LANGSTON, LANA DR.  
Address: 11212 ST ANDREWS CT  
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete  
Name: SUGGS, ROGER REV.  
Address: 359 CINDY LANE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: SMITH, DON REV.  
Address: 355 CINDY LANE  
City-St-Zip: BRANDON, FL 33510

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LANGSTON, LAWRENCE DR.  
Address: POST OFFICE BOX 89485  
City-St-Zip: TAMPA, FL 33689

Title: VD (X) Change ( ) Addition  
Name: LANGSTON, LANA DR.  
Address: P.O. BOX 89485  
City-St-Zip: TAMPA, FL 33689

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 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 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: DR. LAWRENCE LANGSTON

PRES

03/30/2005

Electronic Signature of Signing Officer or Director

Date