2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002571

Entity Name: HIS WORD CENTER, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3906 RYALWOOD CT. VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 89485 TAMPA, FL 33689

FEI Number: 59-2582524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, FLOYD DR.

1971 W LUMSDAN RD #302

BRANDON, FL 33511 US

LAWRENCE, FLOY J

1971 W LUMSDEN 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: FLOY LANGSTON, JR. 04/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name:LAWRENCE, FLOYD DR.Name:LANGSTON, FLOYDAddress:POST OFFICE BOX 89485Address:10115 MAIN ST.

City-St-Zip: TAMPA, FL 33689 City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete Title: VD (X) Change () Addition

Name: LANGSTON, LANA DR. Name: LANGSTON, LANA DR. Address: P.O. BOX 89485 Address: 10115 MAIN ST.

City-St-Zip: TAMPA, FL 33689 City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete Title: () Change () Addition

 Name:
 SUGGS, ROGER REV.
 Name:

 Address:
 359 CINDY LANE
 Address:

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 SMITH, DON REV.
 Name:
 JENKINS, R.M. DR.

 Address:
 355 CINDY LANE
 Address:
 11206 LUMGREN RD

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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: FLOY LANGSTON, JR. P 04/18/2007