

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002571

FILED
May 02, 2009
Secretary of State

Entity Name: HIS WORD CENTER, INC.

Current Principal Place of Business:

3906 RYALWOOD CT.
VALRICO, FL 33594

New Principal Place of Business:

3906 RYALWOOD CT.
VALRICO, FL 33596

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAWRENCE, FLOYD J
1971 W LUMSDEN RD #302
BRANDON, FL 33511 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: PD () Delete
Name: LANGSTON, FLOYD DR.
Address: 10115 MAIN ST.
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: LANGSTON, LANA DR.
Address: 10115 MAIN ST.
City-St-Zip: THONOTOSASSA, FL 33592

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

Title: D () Delete
Name: JENKINS, R.M. DR.
Address: 11206 LUMGREN RD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANGSTON, FLOYD DR.
Address: P.O. 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: D (X) Change () Addition
Name: JENKINS, R.M. DR.
Address: 11206 LUMGREN RD
City-St-Zip: VALRICO, FL 33594

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: DR. F.L. LANGSTON

PRES

05/02/2009

Electronic Signature of Signing Officer or Director

Date