2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MORE SURE WORD CHURCH OF CROSS CITY, INC.

Current Principal Place of Business:

61 NE 126 STREET CROSS CITY, FL 32628

Current Mailing Address:

P.O. BOX 1798 OLD TOWN, FL 32680

FEI Number: 46-3059719

Name and Address of Current Registered Agent:

HARRIS, JOHN 2 NE 266TH STREET OLD TOWN, FL 32680 US FILED Mar 26, 2014 Secretary of State CC6243495070

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | CHRM | Title | т |
|-----------------|---------------------|-----------------|---------------------|
| Name | HARRIS, JOHN | Name | HARRIS, BOBBIE |
| Address | P.O. BOX 1798 | Address | P.O. BOX 1798 |
| City-State-Zip: | OLD TOWN FL 32680 | City-State-Zip: | OLD TOWN FL 32680 |
| Title | VCHR | Title | S |
| Name | CARTER, WAYNE | Name | BRANCH, KATHY |
| Address | P.O. BOX 1163 | Address | 30 SSE 35TH AVENUE |
| City-State-Zip: | CROSS CITY FL 32628 | City-State-Zip: | CROSS CITY FL 32628 |
| Title | т | | |
| Name | HOLMES, BETTY | | |
| Address | P.O. BOX 1047 | | |
| City-State-Zip: | CROSS CITY FL 32628 | | |

I hereby 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 all other like empowered.

SIGNATURE: BOBBIE A HARRIS

TREASURER

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date