

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005850

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC8102342660**

**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**

**Certificate of Status Desired: No**

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

HARRIS, JOHN  
2 NE 266TH STREET  
OLD TOWN, FL 32680 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHRM  
Name HARRIS, JOHN  
Address P.O. BOX 1798  
City-State-Zip: OLD TOWN FL 32680

Title T  
Name HARRIS, BOBBIE  
Address P.O. BOX 1798  
City-State-Zip: OLD TOWN FL 32680

Title VCHR  
Name CARTER, WAYNE  
Address P.O. BOX 1163  
City-State-Zip: CROSS CITY FL 32628

Title S  
Name BRANCH, KATHY  
Address 30 SSE 35TH AVENUE  
City-State-Zip: CROSS CITY FL 32628

Title T  
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 HARRIS**

**TREASURER**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date