



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003441	
1. Entity Name APOSTOLIC COVERING AND CHURCH AFFILIATION, INC.	

Principal Place of Business LIVELY STONES FOR JESUS MINISTRIES, INC. 835 NW 119TH ST N MIAMI, FL 33168	Mailing Address LIVELY STONES FOR JESUS MINISTRIES, INC. 835 NW 119TH ST N MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE

	
02072007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 03-0459958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNOWLES, THELMA B
17000 NW 67TH AVE #414
MIAMI LAKES, FL 33015**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000664807 03/22/07-80061-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOWLES, THELMA B 17000 NW 67TH AVE #414 MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, SHARON 516 NORTH LUNA CT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMONLA, HENRIETTA 4612 FRISCO CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thelma B. Knowles* **3/13/07 305-302-394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR