


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 049 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 03-0459958		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNOWLES, THELMA B- 17000 NW 67TH AVE #414 MIAMI LAKES, FL 33015			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOWLES, THELMA B	NAME			
STREET ADDRESS	17000 NW 67TH AVE #414	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33015	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYKIN, SHARON	NAME	Secretary		
STREET ADDRESS	516 NORTH LUNA CT	STREET ADDRESS	Boykin Sharon		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	516 N. Luna Ct		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMONLA, HENRIETTA	NAME	Treasurer		
STREET ADDRESS	4612 FRISCO CIRCLE	STREET ADDRESS	Demonia Henrietta		
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	4612 Frisco Circle		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Director		
STREET ADDRESS		STREET ADDRESS	Person Sarah		
CITY-ST-ZIP		CITY-ST-ZIP	1945 NW 75th Street		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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		Date: 02-04-08		Daytime Phone #: 3053623911	