

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003441

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** APOSTOLIC COVERING AND CHURCH AFFILIATION, INC.

**Current Principal Place of Business:**

LIVELY STONES FOR JESUS MINISTRIES, INC.  
835 NW 119TH ST  
N MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

LIVELY STONES FOR JESUS MINISTRIES, INC.  
835 NW 119TH ST  
N MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 03-0459958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNOWLES, THELMA B  
17000 NW 67TH AVE #414  
MIAMI LAKES, FL 33015 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: P  
Name: KNOWLES, THELMA B  
Address: 17000 NW 67TH AVE #414  
City-St-Zip: MIAMI LAKES, FL 33015

Title: S  
Name: BOYKIN, SHARON  
Address: 516 N. LANE CRT.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: DEMONIA, HENRIETTA  
Address: 4612 FRISCO CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: D  
Name: PERSON, SARAH  
Address: 1945 NW 75TH STREET  
City-St-Zip: MIAMI, FL 33147

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: THELMA B. KNOWLES

PRES

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date