


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 031 ****61.25

DOCUMENT # N04000002134 1. Entity Name MORE SURE WORD ASSOCIATION APOSTOLIC COVERING INC.			
Principal Place of Business 2016 ANNISTON ROAD JACKSONVILLE, FL 32246		Mailing Address 27 CATALONIA COURT ST. AUGUSTINE, FL 32086	
2. Principal Place of Business 865 Townsend Blvd Suite, Apt. #, etc.		3. Mailing Address 2771-29 Monument Rd #107 Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville, FL	
Zip 32211	Country USA	Zip 32225	Country USA
4. FEI Number 20-0508762		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 EMANUEL, LETRIONA S 2016 ANNISTON ROAD JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Shenavian Goodman Street Address (P.O. Box Number is Not Acceptable) 1946 Wages Way City Jacksonville, FL Zip Code 32218	
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: <u><i>Shenavian Goodman</i></u> DATE: <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP PD LAKE, CURTIS III 2860 EAST LANTANA LAKES DRIVE JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Lake, Curtis III 1957 Wages Way Jacksonville FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD PITTS, EDWARD 7306 BRIARLYN COURT ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Janice Phillips, Janice P.O. Box 290 Lacrosse, FL 32658	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD THOMAS, RUTHERFORD 5436 FRUITVILLE RD PMB 148 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Lake, Beneatha 1957 Wages Way Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HARRIS, JOHNNY PO BOX 1798 OLD TOWN, FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD EMMANUEL, LETRIONA 27 CATALONIA COURT ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Curtis Lake III</i></u>		Date: <u>4/27/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	