2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002134

FILED Oct 12, 2006 Secretary of State

Entity Name: MORE SURE WORD ASSOCIATION APOSTOLIC COVERING INC.

Current Principal Place of Business: New Principal Place of Business:

865 TOWNSEND BLVD 12569 BIG GUM DRIVE JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

2771-29 MONUMENT RD PO BOX 5665

GAINESVILLE, FL 32627 JACKSONVILLE, FL 32225

FEI Number: 20-0508762 FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GOODMAN, SHENRUIAN PHILLIPS, JANICE 2140 NE 2ND STREET 1946 WAGES WAY

JACKSONVILLE, FL 32218 GAINESVILLE, FL 32609 US 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: JANICE E PHILLIPS 10/12/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

LAKE, CURTIS III LAKE, CURTIS III Name: Name: 1957 WAGES WAY Address: 12569 BIG GUM DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: Title: (X) Change () Addition () Delete Name: PHILLIPS, JANICE Name: PHILLIPS, JANICE E

Address: PO BOX 290 Address: PO BOX 5665

City-St-Zip: LA CROSSE, FL 32658 City-St-Zip: GAINESVILLE, FL 32627

Title: () Delete Title: (X) Change () Addition LAKE, BENEATHA MARSHALL, JARVIS Name: Name:

12569 BIG GUM DRIVE Address: 1957 WAGES WAY Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: (X) Change () Addition

Name: HARRIS, JOHNNY Name: HARRIS, JOHNNY Address: PO BOX 1798 Address: PO BOX 1798 City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANICE E PHILLIPS **VP** 10/12/2006