

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002134

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** MORE SURE WORD ASSOCIATION APOSTOLIC COVERING INC.

**Current Principal Place of Business:**

12569 BIG GUM DRIVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5665  
GAINESVILLE, FL 32627

**New Mailing Address:**

**FEI Number:** 20-0508762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

PHILLIPS, JANICE  
1622 NE 19TH PLACE  
GAINESVILLE, FL 32609      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAKE, CURTIS III  
**Address:** 12569 BIG GUM DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** VP  
**Name:** PHILLIPS, JANICE E  
**Address:** PO BOX 5665  
**City-St-Zip:** GAINESVILLE, FL 32627

**Title:** T  
**Name:** MARSHALL, JARVIS  
**Address:** 12569 BIG GUM DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218

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

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: JANICE E PHILLIPS

VP

05/03/2010

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

\_\_\_\_\_  
Date