

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90284 005 \*\*\*\*61.25

<b>DOCUMENT # N04000002135</b> 1. Entity Name <b>MORE SURE WORD ASSOCIATION INC.</b>			
Principal Place of Business <b>2016 ANNISTON ROAD JACKSONVILLE, FL 32246</b>		Mailing Address <b>27 CATALONIA COURT ST. AUGUSTINE, FL 32086</b>	
2. Principal Place of Business <b>865 Townsend Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2771-29 Monument Rd #177</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32218</b>		Zip <b>32225</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0508727</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>EMANUEL, LETRIONA S</b> <b>2016 ANNISTON ROAD</b> <b>JACKSONVILLE, FL 32246</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Shenanian Goodman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1946 Wages Way</b> City <b>Jacksonville, FL</b> Zip Code <b>32218</b>	
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 <b>Shenanian Goodman</b> <b>4/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME LAKE, CURTIS III STREET ADDRESS 2860 EAST LANTANA LAKES DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE President NAME Lake, Curtis III STREET ADDRESS 1946 Wages Way CITY-ST-ZIP Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME PITTS, EDWARD STREET ADDRESS 7306 BRIARLYN COURT CITY-ST-ZIP ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Ketzner Maxine STREET ADDRESS 2771-29 Monument Rd #177 CITY-ST-ZIP Jacksonville, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME THOMAS, RUTHERFORD STREET ADDRESS 5436 FRUITVILLE RD. PMB 148 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Shenanian Goodman STREET ADDRESS 1946 Wages Way CITY-ST-ZIP Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HARRIS, JOHNNY STREET ADDRESS PO BOX 1798 CITY-ST-ZIP OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete	TITLE Vice-President NAME Lake Beneatha STREET ADDRESS 1946 Wages Way CITY-ST-ZIP Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME EMMANUEL, LETRIONA STREET ADDRESS 27 CATALONIA COURT CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Lee, Daniel STREET ADDRESS P.O. Box 5848 CITY-ST-ZIP Jacksonville, FL 32247	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PITTS, MARY STREET ADDRESS 7306 BRIARLYN COURT CITY-ST-ZIP ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete		<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: <b>Curtis Lake III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/27/05</b> <small>Date Daytime Phone #</small>	

**14011046**

