

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

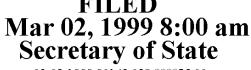
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000003961

LIVELY STONES FOR JESUS MINISTRIES, INC. NO. #2

Principal Place of Business

Mailing Address



03-02-1999 90142 028 ****75.00

1860 NW 185 STREET 1860 NW 185 STREET MIAMI FL 33056 MIAMI FL 33056							
2. Principal Pi	ace of Business	2a. Malling Address				3. Date incorporated or Qualifed 07/08/1998	
21 26						4. FEI Number Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0853828 Not Applicable		
22 27 City & State City & State					\$8.75 Additional		
<u> </u>					5. Certificate of Status Desired Fee Required		
Zip Zip				intry		6. Election Campaign Financing -\$5.00 May Be	
24	25 29 30			·		Trust Fund Contribution Added to Fees	
24	9. Name and Address of Currer			Ī		10. Name and Address of New Registered Agent	
<u> </u>		-		81	Name	•	
MORGAN, DEXTER				82 Street Address (P.O. Box Number is Not Acceptable)			
1860 NW 185 STREET							
MAANI FL 33056			83				
				84	City	85 Zip Code	
Į						od corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agen	d elgrature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OT TIDERS A	DELE	TE 1.1 TI	TLE	D.	Change Addition	
NAME			1.2 N	AKE		Dexter Morgan	
STREET ADDRESS			1.35	TREET	TADORESS	1860 NW 185 Street	
CITY-ST-ZUP			1.40	MY-SI	T-ZEP	Miami, FL 33056	
TITLE		☐ DELE	TE 21T	ΠŒ		☐ Change ☐ Addition	
NAME	İ		22N	AME		Glenda Morgan	
STREET ADDRESS			233	TREET	TADDRESS	1860- NW 185 Street	
C/TY-ST-Z/P				31Y-\$		Miami, FL 33056	
TITLE		□ DELE			\square_n		
NAME			3.2 N			Lawrence Morgan 1	
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP		DELE	34.0	TIY-S	N D		
TITLE		CT DECE		MARE	ֿ ער	To the Report	
NAME					ADDRESS	Chart HOTEG	
STREET ADDRESS				TY-S		Migml FL 33/47	
CITY-ST-ZIP		DELE				Change Addition	
NAME	i		5.2 N	AME			
STREET ADDRESS			5.3 S	TREE	TADDRESS	ss	
CITY-ST-ZIP				TY-S	T-ZIP		
TITLE		☐ OELE	TE 6.11	ΠLE		Change Addition	

64 CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS