

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90031 003 ****61.25

DOCUMENT # 749999

1. Entity Name
THE LIVELY STONE CHURCH OF MIAMI, INC.



Principal Place of Business
**8025 NW MIAMI CT
MIAMI, FL 33153 US**

Mailing Address
**P.O. BOX 530922
MIAMI SHORES, FL 33153 US**

40008414



01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2295427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPILL, JOY B., ESQ.
SIMON & SIMON, P.A.
9100 SO DADELAND BLVD., SUITE 504
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 P ☐ Delete
NAME DORISCAR, ESTHER
STREET ADDRESS 14200 NW 3RD AVE
CITY-ST-ZIP MIAMI, FL 33168

TITLE P/D ☒ Change ☐ Addition
NAME Doriscar, Esther
STREET ADDRESS 211 Briarwood Circle #211
CITY-ST-ZIP Hollywood FL 33024

TITLE D ☐ Delete
NAME DORISCAR, JUDE
STREET ADDRESS 1985 FALLON RD.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE D/D ☒ Change ☐ Addition
NAME Doriscar, Jude
STREET ADDRESS 211 Briarwood Circle #211
CITY-ST-ZIP Hollywood FL 33024

TITLE S ☐ Delete
NAME CADEAU, KATSIA
STREET ADDRESS 13401 NW 3RD STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE S/D ☒ Change ☐ Addition
NAME Cadeau, Katsia
STREET ADDRESS 2320 E Preserve Way #208
CITY-ST-ZIP Miramar FL

TITLE T ☐ Delete
NAME ALEXANDRE, RUTH
STREET ADDRESS 13401 NW 3RD STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE T/D ☒ Change ☐ Addition
NAME Alexandre, Ruth
STREET ADDRESS 4400 Hillcrest Drive #212B
CITY-ST-ZIP Hollywood FL 33021

TITLE D ☐ Delete
NAME THERUS, JOSEPH
STREET ADDRESS 8025 NW MIAMI COURT
CITY-ST-ZIP MIAMI, FL

TITLE D/D ☒ Change ☐ Addition
NAME Flerus, Joseph
STREET ADDRESS 901 NW 202 Street
CITY-ST-ZIP Miami FL 33169

TITLE V ☐ Delete
NAME DORISCAR, DAVID
STREET ADDRESS 14200 NW 3RD AVENUE
CITY-ST-ZIP MIAMI, FL 33168

TITLE V/D ☒ Change ☐ Addition
NAME Doriscar, David
STREET ADDRESS 8962 S Hollybrook Blvd #208
CITY-ST-ZIP Pembroke Pines FL 33025-1376

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esther Doriscar, President

1/31/07 (305) 978-1324
Date Daytime Phone #