## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N29092

1. Corporation Name

(6)

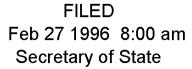
LIVELY STONES FOR JESUS MINISTRIES, INC.

Principal Place of Business

Mailing Address

835 NW 119 ST

<del>1997-9W-15-6</del>T. BANIA-F1-99004





NORTH MIAMI FL 33168	<del>DANIA FL 030</del> 04						
				3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 03/16/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 835 NW 11951	26 103 NW 202	TERR	<u> </u>	65-0132725		Not Applicable	
Suite, Apt. #, etc.	ot. #, etc. Suite, Apt. #, etc. 27 ★ 2 ○ ≥		5. Certificate of Status Desired	TAKE	Additional Required		
City & State			6. Election Campaign F		_ \$5.0	O May Be	
23 MIAMI, 7/A.	28 MIAMI HA		Trust Fund Contribution		d to Fees		
Zip Country	Zp <b>_33 \ 69 '</b>	Country	<i>†</i>	8. This corporation has liability for in	ntangible tax under s.	199.032,	
24 33168 25 DAJE	29 3	0			Yes No		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		, B1	Nam	9			
DARRINGTON, DELORES  387 SW 15 ST 103 MW 202 TERR #202			82 Street Address (P.O. Box Number Is Not Acceptable)				
			<u> </u>				
DANIA FL 33004 Mirmi, 71. 33169		83					
, in the second	•	84	City		FL 85 Z	o Code	
11. Pursuant to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes, t	he above-	named i	corporation submits this statement for the num	one of change in the	enistered office	
or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Sectio	. Such change was authorized b	y the corp	oration	s board of directors. I hereby accept the appoint	intment as registered	agent. I am	
SIGNATURE Signature, typod or printed name of registered agent ar	d title if applicable. #NOTE: R	edistered Age	ot signature	required when reinstating	DATE		
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		BS IN 12	
TITLE PD	DELETE	1.1 TITLE			Change	Addition	
NAME KNOWLES, THELMA	n. 1 110 87	1.2 NAME					
STREET ADDRESS KNOWLES, THELMA 835 7 W 119 ST.		1.3 STREE	ADDRESS	. <b>i</b>			
CITY-SI-ZIP MIRAMAR EL		1.4 CITY-ST-ZIP					
THILE BMD	DELETE	2.1 TITLE	31 - KH		Change	Addition	
NAME JACKSON, BRIAN 835	13 811 110	2.2 NAME					
STREET ADDRESS 8612 BEEKMAN DRIVE MIAMIL 71		2.3 STREET ADDRESS					
City-St-ZIP MIRAMAR FL-			ST-ZIP				
TITLE SMDR			31-211		[7] Change	Addition	
NAME DARRINGTON, DELORES							
STREET ADDRESS 337 6.W. 15TH STREET \ 03	1 47 44		ADDRESS				
	PAIEE iMAIN	3.4. CITY-				1	
TITLE	DELETE	4.1 TITLE	-1 -11		Change	Addition	
NAME		4. 2 NAME			and an one of the		
STREEL ADDRESS		4.3 STREE	ADDRESS			ļ	
CITY - ST - ZIP		4.4 CITY-5					
TITLE	DELETE	5.1 TITLE			Change	Addition	
NAME		52 NAME					
STREET ADDRESS		5 3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CiTY-5					
TITLE	DELETE	6.1 TITLE			Change	Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET	AUDSECC				
CITY-ST-ZIP		O.O. WITTEL					
		6.4 CITY - S	T-7IP				

4. Tot hereby certify that the information supplied with this filing is voluntarily furnished and closes not quality for the exemption stated in Section 119.07(3)k). 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 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 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/20/96 (305) 654-9631