

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29092 (6)**

1. Corporation Name
Lively Stones for Jesus Ministries, Inc.
835 N.W. 119th Street
N. Miami, Fl. 33148

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/13/88	3a. Date of Last Report 2/27/96
21	26	4. FEI Number 65-0180156	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KNOWLES, THELMA 17000 N.W. 67th AVE MIAMI, FL. 33015	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 400002176084 -05/13/97--0101 FL 003 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Thelma B. Knowles** **Thelma B. Knowles** DATE: **3/24/96**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	V/D Knowles, Bunley
STREET ADDRESS		1.3 STREET ADDRESS	1560 S.W. 87th Ter.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Pinebrook Pines, FL 33025
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T/D Jackson, Brian
STREET ADDRESS		2.3 STREET ADDRESS	8090 S.W. 24th Pl.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miramar, FL 33025
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S/D Whatley, Mae
STREET ADDRESS		3.3 STREET ADDRESS	4350 N.W. 187th St
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	M/D Butten, Cynthia
STREET ADDRESS		4.3 STREET ADDRESS	1622 N.W. 65th St.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002176083
STREET ADDRESS		6.3 STREET ADDRESS	-05/13/97--0101--008
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***\$61.25

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: **Thelma Knowles** **Thelma Knowles** DATE: **3/27/97** (805) 362-3991

Signature and typed or printed name of signing officer or director Date Daytime Phone #

Brian Jackson **Brian Jackson**

CR2E037 (9/96)