


**FILE NOW: FILING FEE IS \$61.25**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N29092</b> 1. Corporation Name <b>LIVELY STONES FOR JESUS MINISTRIES, INC.</b>					
Principal Place of Business 835 NW 119 ST NORTH MIAMI FL 33168 US			Mailing Address 835 NW 119 ST NORTH MIAMI FL 33168 US		
2. Principal Place of Business 21 Suits, Apt. #, etc.		2a. Mailing Address 26 Suits, Apt. #, etc.		3. Date Incorporated or Qualified 11/03/1988	
22 City & State		27 City & State		4. FEI Number 65-0180156	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KNOWLES, THELMA 1700 NW 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 FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE VD NAME KNOWLES, BURLEY STREET ADDRESS 1560 S.W. 87 TERR. CITY-ST-ZIP PIMBROKE PINES FL 33025		<input type="checkbox"/> DELETE			
TITLE TD NAME JACKSON, BRIAN STREET ADDRESS 8090 S.W. 24TH PL. CITY-ST-ZIP MIRIMAR FL 33025		<input type="checkbox"/> DELETE			
TITLE SD NAME WHATLEY, MAE STREET ADDRESS 4350 N.W. 187TH ST CITY-ST-ZIP MIAMI FL 33055		<input type="checkbox"/> DELETE			
TITLE MD NAME BUTLER, CYNTHIA STREET ADDRESS 1622 N.W. 65TH ST. CITY-ST-ZIP MIAMI FL 33147		<input type="checkbox"/> DELETE			
TITLE President / Reg. Agent NAME THELMA B. Knowles STREET ADDRESS 1700 N.W. 67th Ave CITY-ST-ZIP MIAMI Lakes, FL 33015		<input type="checkbox"/> DELETE			
TITLE VD NAME KNOWLES, BURLEY STREET ADDRESS 1560 S.W. 87 TERR. CITY-ST-ZIP PIMBROKE PINES FL 33025		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Block 13 if changed; or in an attachment with an address, with all other like empowered.

SIGNATURE: *TheLma B Knowles* 1/13/99 (305) 685-7739  
 1700 NW 67th Ave  
 ONLY ONE SIGNED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR