2000 UNIFORM BUSINESS REPORT **FILED** Jan 19, 2000 8:00 am Secretary of State -DCUMENT # N29092 01-19-2000 90115 050 ****61.25 LIVELY STONES FOR JESUS MINISTRIES, INC Mailing Address ানুনা Place of Business NW 119 ST 835 NW 119 ST MIAMI FL 33168 NORTH MIAMI FL 33168-2336 801751 Principal Place of Business # 100 pm 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0180156 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) knowles, Thelma 1700 NW 67TH AVE MIAMI FL 33015 Zip Code 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. GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change Addition LΕ ☐ Delete KNOWLES, BURLEY NAME REET ADORESS STREET ADDRESS 1560 S.W. 87 TERR. Y-ST-ZIP CITY-ST-ZIP PIMBROKE PINES FL 33025 ☐ Change ☐ Addition Ę Delete TITLE ΛF JACKSON, BRIAN REET ADDRESS STREET ADDRESS 8090 S.W. 24TH PL Y-ST-ZIP CITY-ST-ZIP MIRIMAR FL 33025 ☐ Change Addition Delete TITLE WHATLEY, MAE NAME ИF REET ADDRESS STREET ADDRESS 4350 N.W. 187TH ST Y-ST-71P CITY-ST-ZIP **MIAMI FL 33055** ☐ Delete E ☐ Change Addition BUTLER, CYNTHIA ИĒ NAME BEET ADDRESS 1622 N.W. 65TH ST. STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP MIAMI FL 33147

. 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 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.

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

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Addition

Addition

Delete

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Y-ST-ZIP

KNOWLES, THELMA B

17000 NW 67TH AVE.

MIAMI LAKES FL 33015

IGNATURE: The line BE Knowles THE lung B. Knowles 1/10/2000 505) 685-775