


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N29092 1. Entity Name LIVELY STONES FOR JESUS MINISTRIES, INC.	
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Principal Place of Business 835 NW 119 ST NORTH MIAMI, FL 33168 US	Mailing Address 835 NW 119 ST NORTH MIAMI, FL 33168 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, THELMA
1700 NW 67TH AVE
#414
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U00000152388
05/04/04-80085-007 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOWLES, BURLEY 1560 S.W. 87 TERR. PIMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, BRIAN 8090 S.W. 24TH PL. MIRIMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHATLEY, MAE 4350 N.W. 187TH ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BUTLER, CYNTHIA 1622 N.W. 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOWLES, THELMA B 17000 NW 67TH AVE. MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Thelma B. Knowles 04-27-04 (305) 362-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #