


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90019 035 \*\*\*\*61.25

**DOCUMENT # N29092**

1. Entity Name  
**LIVELY STONES FOR JESUS MINISTRIES, INC.**



Principal Place of Business <b>835 NW 119 ST          NORTH MIAMI, FL 33168 US</b>	Mailing Address <b>835 NW 119 ST          NORTH MIAMI, FL 33168 US</b>
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**DO NOT WRITE IN THIS SPACE**

40000000



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

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 KNOWLES, BERLISAN 17000 NW 67TH AVE, # 414 MIAMI LAKES, FL 33015
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 KNOWLES, BRIAN 12957 SW 24TH STREET MIRAMAR, FL 33027
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	DD KNOWLES, NASHA 12957 SW 24TH STREET MIRAMAR, FL 33027

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Thelma B. Knowles* 3/3/07 305-362-3991