


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90034 048 \*\*\*\*62.00

<b>DOCUMENT # N29092</b>					
1. Entity 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>KNOWLES, THELMA</b> 1700 NW 67TH AVE #414 MIAMI, FL 33015				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, BURLEY		NAME		
STREET ADDRESS	1560 S.W. 87 TERR.		STREET ADDRESS		
CITY-ST-ZIP	PIMBROKE PINES, FL 33025		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, BERLISAN		NAME	<i>Beelisa Knowles</i>	
STREET ADDRESS	17000 NW 67TH AVE, # 414		STREET ADDRESS	<i>17000 N.W. 67th Ave. # 331</i>	
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHATLEY, MAE		NAME		
STREET ADDRESS	4350 N.W. 187TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, BRIAN		NAME		
STREET ADDRESS	12957 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, THELMA B		NAME		
STREET ADDRESS	17000 NW 67TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, NASHA		NAME		
STREET ADDRESS	12957 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
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: <i>Thelma B. Knowles</i>			Date: <i>02-04-08</i> (305) 362-3991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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