

# 2000 UNIFORM BUSINESS REPORT™ (UBR)

DOCUMENT # N98000003961

1. Entity Name

LIVELY STONES FOR JESUS MINISTRIES, INC. NO. #2

Principal Place of Business

Mailing Address

1860 NW 185 STREET  
MIAMI FL 33056

1860 NW 185 STREET  
MIAMI FL 33056-3309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0853828

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, DEXTER  
1860 NW 185 STREET  
MIAMI FL 33056

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MORGAN, DEXTER  
STREET ADDRESS 1860 NW 185 STREET  
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MORGAN, GLENDA  
STREET ADDRESS 1860 NW 185 STREET  
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MORGAN, LAWRENCE  
STREET ADDRESS 840 NE 124 STREET  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BYRD, DRUSILLA  
STREET ADDRESS 3036 NW 76 STREET, APT #6  
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ Change ☐ Addition  
NAME BYRD, DRUSILLA  
STREET ADDRESS 6640 NE 2<sup>nd</sup> Avenue  
CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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.

SIGNATURE: Dexter Morgan REQUIRED Dexter Morgan 2-23-2000 (305) 621-8826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90186 014 \*\*\*\*70.00