

2000 UNIFORM BUSINESS REPORT™ (UBR)

DOCUMENT # N98000003961

1. Entity Name

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

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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1860 NW 185 STREET MIAMI FL 33056	Mailing Address 1860 NW 185 STREET MIAMI FL 33056-3309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0853828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORGAN, DEXTER
 1860 NW 185 STREET
 MIAMI FL 33056**

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, DEXTER
STREET ADDRESS	1860 NW 185 STREET
CITY-ST-ZIP	MIAMI FL 33056
TITLE	V <input type="checkbox"/> Delete
NAME	MORGAN, GLENDA
STREET ADDRESS	1860 NW 185 STREET
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, LAWRENCE
STREET ADDRESS	840 NE 124 STREET
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	D <input type="checkbox"/> Delete
NAME	BYRD, DRUSILLA
STREET ADDRESS	3036 NW 76 STREET, APT #6
CITY-ST-ZIP	MIAMI FL 33147
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	BYRD, DRUSILLA
CITY-ST-ZIP	6640 NE 2nd Avenue MIAMI, FL 33138
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)