

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90089 042 \*\*\*\*75.00

**DOCUMENT # N98000003961**

1. Entity Name

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0853828</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME D <b>MORGAN, DEXTER</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1860 NW 185 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33056</b>	
TITLE NAME V <b>MORGAN, GLENDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1860 NW 185 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33056</b>	
TITLE NAME D <b>MORGAN, LAWRENCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>840 NE 124 STREET</b>	
CITY-ST-ZIP <b>NORTH MIAMI FL 33161</b>	
TITLE NAME D <b>HOWARD, GWENDOLYN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>3871 NW 173RD TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33055</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D <b>THEORA BRADDOCK</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2415 NW 207 STREET</b>	
CITY-ST-ZIP <b>CAROL CITY, FL 33056</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **3-13-02** **(305) 621-8826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)