

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003053

FILED
Jan 15, 2009
Secretary of State

Entity Name: FOUNDATION STONE MINISTRIES, INC.

Current Principal Place of Business:

428 MCKINNON RD
CLARKDALE, AZ 86324

New Principal Place of Business:

Current Mailing Address:

428 MCKINNON RD
CLARKDALE, AZ 86324

New Mailing Address:

BOX 1455
ORANGE PARK, FL 32067

FEI Number: 86-0866647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEAN, TIMOTHY
350 FOXRIDGE DRIVE
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MACLEAN, TIMOTHY
Address: 350 FOXRIDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: VCST () Delete
Name: MACLEAN, KATHLEEN
Address: 350 FOXRIDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: ROSSI, JANE E
Address: 428 MCKINNON RD
City-St-Zip: CLARKDALE, AZ 86324

Title: D () Delete
Name: TRAPANI, ANNE
Address: 5102 CREEK SHADOWS DRIVE
City-St-Zip: KINGWOOD, TX 77339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MACLEAN

CP

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date