

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003053

**FILED**  
**Apr 15, 2011**  
**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:**

350 FOXRIDGE ROAD  
ORANGE PARK, FL 32065

**Current Mailing Address:**

BOX 1455  
ORANGE PARK, FL 32067

**New Mailing Address:**

**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  
Name: MACLEAN, TIMOTHY  
Address: 350 FOXRIDGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY MACLEAN

CP

04/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date