

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008328

FILED
Apr 27, 2004
Secretary of State**Entity Name:** LIVING STONES FELLOWSHIP, INC.**Current Principal Place of Business:**6550 MOBILE HWY
PENSACOLA, FL 32526**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7575
PENSACOLA, FL 32534**New Mailing Address:**2172 W. NINE MILE ROAD
#197
PENSACOLA, FL 32534**FEI Number:** 52-2381312**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANCASTER, GREG
6550 MOBILE HWY
PENSACOLA, FL 32526**Name and Address of New Registered Agent:**LANCASTER, GREG
2172 W. NINE MILE ROAD
PENSACOLA, FL 32534

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: GREG LANCASTER

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANCASTER, GREG
Address: 6550 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: LANCASTER, DONNA
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: STD () Delete
Name: HAMILTON, PAT
Address: 2346 WINDSTONE DR.
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: RAMOS, JOHN
Address: 5412 SUN VALLEY DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: HAMILTON, CHRIS
Address: 22 EAST CARVER DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANCASTER, GREG
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

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

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

Title: D (X) Change () Addition
Name: RAMOS, JOHN
Address: 6304 EAST SHORE DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Change () Addition
Name: HAMILTON, CHRIS
Address: 230 MARIGOLD DRIVE APT. P1-103
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREG LANCASTER

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date