

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001003

**Entity Name:** LIVING STONES INTERNATIONAL, INC.**Current Principal Place of Business:**1341 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 6747  
TALLAHASSEE, FL 32314 US**FEI Number:** 20-8309980**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MONTGOMERY, GARY  
822 CALIFORNIA STREET  
TALLAHASSEE, FL 32304 US*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:** GARY MONTGOMERY

03/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	MONTGOMERY, GARY
Address	PO BOX 6747
City-State-Zip:	TALLAHASSEE FL 32314
Title	DIRECTOR
Name	CONSTANTINO-BROWN, LORI
Address	2145 METROCENTER BLVD. 350
City-State-Zip:	ORLANDO FL 32835
Title	CHAIRMAN, DIRECTOR
Name	PATE, TENA
Address	1948 QUEENSWOOD DRIVE
City-State-Zip:	TALLAHASSEE FL 32303
Title	DIRECTOR
Name	HUNT, VINCENT
Address	80 COUNTRY WAY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VPD
Name	GAMBOA, JOSEPHINE
Address	PO BOX 6747
City-State-Zip:	TALLAHASSEE FL 32314
Title	DIRECTOR
Name	WILLIAMS, ALAN
Address	1201 STONEY CREEK WAY 300
City-State-Zip:	TALLAHASSEE FL 32302
Title	DIRECTOR
Name	HAMILTON, SEWARD PHD
Address	PO BOX 214
City-State-Zip:	LLOYD FL 32337
Title	DIRECTOR
Name	OUTLAW, STEVE
Address	234 EAST SEVENTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

**Continues on page 2**

*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:** GARY MONTGOMERY

PRESIDENT

03/01/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                SIMMONS, LARRY  
Address             220 SLASH CIRCLE  
City-State-Zip:    MIDWAY FL 32343

Title                 DIRECTOR  
Name                WILLIAMS, ALAN  
Address             1202 STONY CREEK WAY  
City-State-Zip:    TALLAHASSEE FL 32302

Title                 DIRECTOR  
Name                THOMAS, ANDY  
Address             1203 GARDENIA DRIVE  
City-State-Zip:    TALLAHASSEE FL 32312