

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001003

Entity Name: LIVING STONES INTERNATIONAL, INC.**Current Principal Place of Business:**604 EUGENIA STREET
TALLAHASSEE, FL 32310**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:**WEAVER, WESLEY J.
609 DUNDEE DR.
PENSACOLA, FL 32507 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MONTGOMERY, GARY
Address	PO BOX 6747
City-State-Zip:	TALLAHASSEE FL 32310

Title	D
Name	ALLEN, JAMIL
Address	5675 VESTAVIA LN
City-State-Zip:	PENSACOLA FL 32526

Title	D
Name	CROMARTIE, CLAUDETTE
Address	1292 MT. SINAI ROAD
City-State-Zip:	TALLAHASSEE FL 32311

Title	D
Name	AKAR, MUTAQUEE
Address	324 N. COPELAND
City-State-Zip:	TALLAHASSEE FL 32304

Title	SD
Name	DAVIS, JOSEPH
Address	4345 CRUMP ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	VPD
Name	JOSEPHINE, GAMBOA
Address	PO BOX 6747
City-State-Zip:	TALLAHASSEE FL 32314

Title	D
Name	ANTHONY, CEDRIC
Address	2237 NATURAL WELL DRIVE
City-State-Zip:	TALLAHASSEE FL 32305

Title	D
Name	BURGHOUT, JERRY
Address	820 W. PARK AVE.
City-State-Zip:	TALLAHASSEE FL 32301

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****03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date