

2014 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:**MONTGOMERY, GARY
604 EUGENIA STREET
TALLAHASSEE, FL 32310 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

01/09/2014

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 D
Name ALLEN, JAMIL I
Address 311 MULBERRY STREET
City-State-Zip: DARBY PA 19023

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

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

Title D
Name FRAZIER, KENYATTA
Address 246 AYERS CT
City-State-Zip: TALLAHASSEE FL 32305

Title D
Name PHILLIPS, ELIZABETH A
Address 1801 JASMINE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name CARTER, SAMUEL
Address 3584 COYOTE CREEK DRIVE
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

PD

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date