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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F08000003053

Entity Name: FOUNDATION STONE MINISTRIES, INC.

Current Principal Place of Business:

9734 TAPESTRY PARK CIR 140 JACKSONVILLE, FL , FL 32246

Current Mailing Address:

BOX 1455 ORANGE PARK, FL 32067

FEI Number: 86-0866647

Name and Address of Current Registered Agent:

MACLEAN, TIMOTHY 9734 TAPESTRY PARK CIR 140 JACKSONVILLE, FL, FL 32246 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

Officer/Director Detail :

Title	Ρ	Title	VP
Name	MACLEAN, TIMOTHY	Name	MACLEAN, KATHLEEN
Address	PO BOX 1455	Address	PO BOX 1455
City-State-Zip:	ORANGE PARK FL 32067	City-State-Zip:	ORANGE PARK FL 32067
			_
Title	S/T	Title	D
Name	PETTUS, RYAN E	Name	TRAPANI, ANNE
Address	BOX 1455	Address	5102 CREEK SHADOWS DRIVE

PRES

01/30/2021

FILED Jan 30, 2021 Secretary of State 1208613019CC

Date

Certificate of Status Desired: No

Date