2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N03000001449

Entity Name: LIVING STONE MINISTRIES INC.

Current Principal Place of Business:

6035 FORT CAROLINE RD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

6035 FORT CAROLINE RD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 75-3099249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EKECHUKWU, LINUS
6035 FORT CAROLINE RD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EKECHUKWU, LINUS PASTOR
Address: 3131 UNIVERSITY BLVD NORTH, C22
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD ( ) Delete
Name: EKECHUKWU, MARYJOAN PASTOR
Address: 3131 UNIVERSITY BLVD NORTH, C22
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: ABIDOGUN, MOJISOLA
Address: 11403 KABRON CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: ADEPOJU, FEMI
Address: 11387 ASTON HALL DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: OKAFOR, BEN DR
Address: 741 PARK AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LINUS EKECHUKWU PD 05/06/2005

Electronic Signature of Signing Officer or Director — Date