## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001449

741 PARK AVENUE

ORANGE PARK, FL 32073

Address:

City-St-Zip:

Entity Name: LIVING STONE MINISTRIES INC.

FILED May 22, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6035 FORT CAROLINE RD JACKSONVILLE, FL 32277 **Current Mailing Address: New Mailing Address:** 6035 FORT CAROLINE RD JACKSONVILLE, FL 32277 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: Name and Address of New Registered Agent: EKECHUKWU, LINUS 6035 FORT CAROLINE RD JACKSONVILLE, FL 32277 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete EKECHUKWU, LINUS PASTOR EKECHUKWU, LINUS PASTOR Name: Name: 3131 UNIVERSITY BLVD NORTH, C22 Address: 7475 LAWN TENNIS LANE Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: (X) Change ( ) Addition Name: EKECHUKWU, MARYJOAN PASTOR Name: EKECHUKWU, MARYJOAN PASTOR Address: 3131 UNIVERSITY BLVD NORTH, C22 Address: 7475 LAWN TENNIS LANE City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: (X) Change ( ) Addition ABIDOGUN, MOJISOLA IBE, EUCHARIA Name: Name: 11403 KABRON CT. Address: Address: 7475 LAWN TENNIS LANE City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32277 Title: ( ) Delete Title: () Change () Addition Name: ADEPOJU, FEMI Name: 11387 ASTON HALL DR SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition OKAFOR, BEN DR SHOFOLU, ROSE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: EKECHUKWU LINUS PD 05/22/2007

6035 FORT CAROLINE ROAD

JACKSONVILLE, FL 32277