## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004441

3024 RIPPLEWOOD

SEFFNER, FL 33584

Address:

City-St-Zip:

FILED Jan 19, 2008 Secretary of State

Entity Name: CHURCH OF THE LIVELY STONES, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 5413 BUSCH BLVD TEMPLE TERRACE, FL 33617 **Current Mailing Address: New Mailing Address:** 5413 BUSCH BLVD 5413 BUSCH BLVD TEMPLE TERRACE, FL 33617 TEMPLE TERRACE, FL 33617 FEI Number: 42-1627554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NORTON, AVA P NORTON, AVA P 4719 E. 98TH AVE 15335 FLEETWOOD ROAD TAMPA, FL 33617 US WEEKI WACHEE, FL 34614 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: AVA P. NORTON 01/19/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROBERSON, MARVIN C Name: Name: 4416 OHARA STREET Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ROBERSON, AGATHA K Name: Name: Address: 4416 OHARA STREET Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROBERSON, BOBBY L JR Name: ROBERSON, BOBBY L JR Name: 8975 HERITAGE LANE APT 514 10442 LANSFIELD Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: SPRING HILL, FL 34608 ( ) Delete Title: Title: (X) Change ( ) Addition ROBERSON, CLARETHA ROBERSON, CLARETHA Name: Name: 8975 HERITAGE LANE APT 514 10442 LANSFIELD Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: SPRING HILL, FL 34608 Title: () Delete Title: () Change () Addition BOULER, SHERYL 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: MARVIN C. ROBERSON D 01/19/2008