2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N04000008640

Entity Name: LIVING STONES PROPHETIC MINISTRY, INC.

Current Principal Place of Business:

4566 PLYMOUTH ST
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4566 PLYMOUTH ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 83-0415694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSS, DAVID R
4566 PLYMOUTH ST
JACKSONVILLE, FL 32205 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: ROSS, DAVID R
Address: 4566 PLYMOUTH ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD ( ) Delete
Name: WOODARD,JR, DAVID E DR.
Address: 7780 ALLSPICE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: ROSS, GLADYS J
Address: 4566 PLYMOUTH ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: DUFFY, MARK A
Address: 3544 S ST JOHNS BLUFF RD # 1102
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: TUCKER, ED
Address: 9978 LANCASHIRE DR
City-St-Zip: JACKSONVILLE, FL 32219

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: TD (X) Change ( ) Addition
Name: DUFFY, MARK A
Address: 5804 BLACKTHORN RD
City-St-Zip: JACKSONVILLE, FL 32244

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

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.

SIGNATURE: DAVID R. ROSS PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date