2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N08000008845

Entity Name: TRUE LIVING STONES MINISTRIES, INC.

Current Principal Place of Business:

522 S. HUNT CLUB BLVD., SUITE 535
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

522 S. HUNT CLUB BLVD., SUITE 535
APOPKA, FL 32703

New Mailing Address:

FEI Number: 26-3368406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

TANTANUS, LINDA M
3356 GRAY FOX COVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

TATANUS, LINDA M
3356 GRAY FOX COVE
APOPKA, FL 32703 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: LINDA M. TATANUS 06/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TATANUS, LINDA M
Address: 3356 GRAY FOX COVE
City-St-Zip: APOPKA, FL 32703

Title: VD ( ) Delete
Name: TORMA, MAUREEN
Address: 440 E. RIVER RD.
City-St-Zip: E. PALATKA, FL 32131

Title: STD ( ) Delete
Name: CERVO, PAM
Address: 10562 DOWN LAKEVIEW CIR.
City-St-Zip: WINDERMERE, FL 34786

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:

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: MAUREEN TORMA VD 06/29/2009
Electronic Signature of Signing Officer or Director Date