DOCUMENT # N09312 1. Entity Name LIVING STONE FOUNDATION, INC.					FILED Jan 11, 2001 8:00 am Secretary of State					
Principal Place of Business Mailing Address						01-11-20	•			
212 BAY TREE BLVD TAVARES FL 32778 212 BAY TREE BLVD TAVARES FL 32778										
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	City & State			4. FEI Numbe	59-2551051			plied For ot Applicable	}	
Zip Country	Zip Cou		ıntry		5. Certificate	of Status Desired		\$8.75 Add	litional	-
6. Name and Address of Current Registered Agent			<u> </u>		7. Name and	Address of New R				1
LYND, JOHN W. SR. 212 BAY TREE BLVD TAVARES FL 32778			Street A	ddress (F	P.O. Box Numbe	r is Not Acceptable) FL	Zip Code	9	
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agents FILE NOW: FEE IS \$61.25	PACS.	Registere Financi	d Agent signatu	ure required	when reinstating) O May Be to Fees	Make	DATE	Payable to		<u> </u>
10. OFFICERS AND DI	RECTORS	11.		- Α	DDITIONS/CHA	ANGES TO OFFICER	RS AND DIR	ECTORS IN	10	1_
ITITLE NAME STREET ADDRESS CITY-ST-ZIP DP LYND, JOHN W. SR 212 BAY TREE BLVD TAVARES FL 32778	☐ Delete			コフ	49 44.	ARNER NOLUBB FL 328	ER M	□ Change	Addition	CR2E037 (10/00)
TITLE DT NAME GRIFFITH, EDWARD W. STREET ADDRESS 12130 ELBERT ST.	🔀 Delete		E Et address	631	6. mA	ASHER TCHETT	Ra_	Change	Addition	8
CITY-ST-ZIP CLERMONT FL TITLE T NAME VERNER, GEORGE, C STREET ADDRESS 4656 34TH ST S.W. CITY-ST-ZIP ORLANDO FL	⊠ Delete	TITLE NAM STRE		UKL	<i>+~86</i> ,	<u> </u>	807	☐ Change	Addition	
TITLE T MORRIS, BILL STREET ADDRESS CITY- ST-ZIP APOPKA FL	☐ Delete		,					Change	☐ Addition	1
TITLE VERNER ROT NAME STREET ADDRESS CITY-ST-ZIP ORINIDO, FL	□ Delete A <i>OO</i>							☐ Change	Addition	
NAME DONALDS BROCK STREET ADDRESS POBOX 121400 CITY-ST-ZIP CLERMONT F	4 347/2	NAMI STRE CITY	E Et address -st-zip					☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPE OF BRINTED NAME OF SIGNATURE OF SIGNA										
	PRINTED NAME OF SIGNING OFFICER O	R DIRECT	OR			Date	Da	ytime Phone #		