

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09312

FILED
Jan 28, 2005
Secretary of State

Entity Name: LIVING STONE FOUNDATION, INC.

Current Principal Place of Business:

212 BAY TREE BLVD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

3749 LANDLUBBER STREET
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-2551051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYND, JOHN W SR
212 BAY TREE BLVD
TAVARES, FL 32778 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: DP () Delete
Name: LYND, JOHN W SR
Address: 212 BAY TREE BLVD
City-St-Zip: TAVARES, FL 32778

Title: DT () Delete
Name: DASHER, ARTHUR
Address: 6316 MATCHETT ROAD
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: WARNER, JEFF
Address: 3749 LANDLUBBER PLACE
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: MORRIS, BILL
Address: 1706 E SEMORAN BLVD #110
City-St-Zip: APOPKA, FL

Title: T () Delete
Name: VERNER, RAY
Address: 4656 34TH STREET SW
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: BROWN, DONALD S
Address: PO BOX 121400
City-St-Zip: CLERMONT, FL 34712

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: () Change () Addition
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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 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 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: PATTI WARNER

Electronic Signature of Signing Officer or Director

EX D

01/28/2005

Date