


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N09312
 1. Entity Name
LIVING STONE FOUNDATION, INC.



Principal Place of Business 9808 S W 90TH STREET GAINESVILLE, FL 32608	Mailing Address 9808 S W 90TH STREET A406 GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2551051	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANN, ALLISON F
 9808 S W 90TH STREET
 GAINESVILLE, FL 32608

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANN, GARY M 9808 S W 90TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DASHER, ARTHUR 6316 MATCHETT ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYND, JOHN W 212 BAYTREE BLVD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, BILL 242 S. CENTRAL AVENUE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERNER, RAY 4856 34TH STREET SW ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DONALD S PO BOX 121400 CLERMONT, FL 34712

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05/22/08-80010-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Allison F Mann, President* **4.28.08** 321-388-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #