

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09312

FILED
Apr 24, 2009
Secretary of State

Entity Name: LIVING STONE FOUNDATION, INC.

Current Principal Place of Business:

9808 S W 90TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9808 S W 90TH STREET
A406
GAINESVILLE, FL 32608

New Mailing Address:

9808 S W 90TH STREET
GAINESVILLE, FL 32608

FEI Number: 59-2551051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, ALLISON F
9808 S W 90TH STREET
GAINESVILLE, FL 32608 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: MANN, GARY M
Address: 9808 S W 90TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

Title: D () Delete
Name: LYND, JOHN W
Address: 212 BAYTREE BLVD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: MORRIS, BILL
Address: 242 S. CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: VERNER, RAY
Address: 4656 34TH STREET SW
City-St-Zip: ORLANDO, FL 32811

Title: D () 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 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: GARY MANN

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date