

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N42006

1. Entity Name
THE LIVING CORNERSTONE, INC.



Principal Place of Business
**1835 TAYLOR ROAD
DAYTONA BEACH, FL 32128**

Mailing Address
**1835 TAYLOR ROAD
DAYTONA BEACH, FL 32128**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3039465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHADWICK, HOWARD K II
1835 TAYLOR RD
DAYTONA BEACH, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U000000611084
02/02/07-20046-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHADWICK, HOWARD K
1216 RUTHBERN ROAD
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
CHADWICK, RAMONA
1216 RUTHBERN ROAD
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYABINOV, ALYOSHA
125 DEERLAKE CIRCLE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYABINOV, JODIE
125 DEERLAKE CIRCLE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JEYASEELAN, JOHN
31 OAKMONT CIRCLE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 386/788-4870
Date Daytime Phone #