2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90056 016 ****61.25

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1. Entity Name
CAST STONE INSTITUTE, INC.

Principal Place of Business	Mailing Address
850 DOGWOOD RD A400636 LAWRENCEVILLE, GA 30044 US	850 DOGWOOD RD A400636 LAWRENCEVILLE, GA 30044 US

03202007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
813 Chestnut Street	813 Chestnut Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lebanon, PA 17042	City & State: Lebanon, PA 17042
Zip: 17042 Country: USA	Zip: 17042 Country: USA

4. FEI Number: 59-3170328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEVECCHIS, ART 11597 KENSINGTON COURT BOCA RATON, FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRY, GARY P.O. BOX 423 MCCLURE, PA 17841	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Rhoden, Allen 2800 N. Gordon Houston TX 77611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARCIA, TONY 125 N. BLANCHARD STREET VALDOSTA, GA 31601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Thomas Lepisto 18405 Central Avenue Mitchellville, MD 20716	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HARLAN, MIMI 850 DOGWOOD RD A400636 WINDER, GA 30680	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED Janet L. Boyer 813 Chestnut Street Lebanon PA 17042	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Janet L. Boyer Janet L. Boyer 3/23/07 717-272-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #