

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N93000000981

Entity Name: LIVELY STONES WORLD HEALING FELLOWSHIP, INC.

Current Principal Place of Business:

P.O. BOX 396
LLOYD, FL 32337

New Principal Place of Business:

119 MALLARD LANE
LLOYD, FL 32337

Current Mailing Address:

P.O. BOX 396
LLOYD, FL 32337

New Mailing Address:

FEI Number: 59-3181992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, WILLARD
119 MALLARD LANE
LLOYD, FL 32337 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: PD () Delete
Name: FULLER, WILLARD
Address: P.O. BOX 396
City-St-Zip: LLOYD, FL 32337

Title: SD () Delete
Name: COOK, ALTHEA
Address: P.O. BOX 396
City-St-Zip: LLOYD, FL 32337

Title: P () Delete
Name: GARDNER, ARTHUR
Address: 5112 HAMLOCK DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: ULM, MICHAEL
Address: POB 396
City-St-Zip: LLOYD, FL 32337

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
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: WILLARD FULLER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date