

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000981

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** LIVELY STONES WORLD HEALING FELLOWSHIP, INC.

**Current Principal Place of Business:**

119 MALLARD LANE  
LLOYD, FL 32337

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 396  
LLOYD, FL 32337

**New Mailing Address:**

**FEI Number:** 94-6186111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOK, ALTHEA  
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  
Name: COOK- FULLER, ALTHEA  
Address: P.O. BOX 396  
City-St-Zip: LLOYD, FL 32337

Title: VP  
Name: GARDNER, ARTHUR L  
Address: 5112 HEMLOCK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S  
Name: WATERHOUSE III, JOHN B DR.  
Address: ONE SCIENCE OF MINDWAY  
City-St-Zip: ASHEVILLE, NC 28806

Title: TD  
Name: COOK, CHARLES E  
Address: PO BOX 343  
City-St-Zip: LLOYD, FL 32337

I hereby 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 all other like empowered.

SIGNATURE: ALTHEA COOK

PD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date