

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004362

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE CHURCH OF THE LIVING STONES IN CENTRAL FLORIDA, INC.

Current Principal Place of Business:

813 EAGLE CLAW COURT
LAKE MARY, FL 327461550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950481
LAKE MARY, FL 327950481 US

New Mailing Address:

FEI Number: 59-3526979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, JIMMY E
813 EAGLE CLAW COURT
LAKE MARY, FL 327461550 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: EDWARDS, JIMMY
Address: 813 EAGLE CLAW COURT
City-St-Zip: LAKE MARY, FL 327461550

Title: TD () Delete
Name: MAROZAN, AGNES
Address: 6 ESCONDIDO CIRCLE UNIT 61
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: MOORE, TERRY
Address: 813 EAGLE CLAW COURT
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: KRAMER, DELORES
Address: 1525 CARR STREET
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MOORE, TERRY
Address: 763 SILVER CLOUD CIRCLE #207
City-St-Zip: LAKE MARY, FL 32746

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: JIMMY E EDWARDS

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date