

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000921

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** LIVING - STONE CHRISTIAN FELLOWSHIP CHURCH INC.

**Current Principal Place of Business:**

10696 LEM TURNER ROAD  
14  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

10696 LEM TURNER ROAD  
14  
JACKSONVILLE, FL 32218

**New Mailing Address:**

10385 MARSH HAWK DR  
14  
JACKSONVILLE, FL 32218

**FEI Number:** 59-3227112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRICE, ROBERT L JR.  
10696 LEM TURNER ROAD  
14  
JACKSONVILLE, FL 32218 US

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

TRICE, ROBERT L JR.  
10385 MARSH HAWK DR  
14  
JACKSONVILLE, FL 32218 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TRICE, ROBERT L JR.  
Address: 10385 MARSH HAWK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS ( ) Delete  
Name: TRICE, CHARLOTTE L  
Address: 10385 MARSH HAWK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT ( ) Delete  
Name: SCOTT, DEWAYNE  
Address: 11505 RIVA RIDGE COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS ( ) Delete  
Name: HICKS, KIM  
Address: 2876 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32254

**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: ROBERT L. TRICE JR

DP

04/29/2008

Electronic Signature of Signing Officer or Director

Date