

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000981

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC2084680277**

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

**Current Principal Place of Business:**

119 MALLARD LANE  
LLOYD, FL 32337

**Current Mailing Address:**

P.O. BOX 396  
LLOYD, FL 32337

**FEI Number:** 94-6186111

**Certificate of Status Desired:** No

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

COOK, ALTHEA  
119 MALLARD LANE  
LLOYD, FL 32337 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title TD  
Name COOK, CHARLES E  
Address PO BOX 343  
City-State-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:** CHARLES E. COOK

**TREASURER**

**04/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date