## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

MINNEAPOLIS, MN 55454

SIGNATURE AND TYPED OR PRIN

CITY-ST-ZIP

SIGNATURE:

## Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # F02000003578** 01-20-2004 90041 026 \*\*\*\*61 25 STEWARDS MINISTRIES CORPORATION Principal Place of Business Mailing Address 18-3 E. DUNDEE ROAD, SUITE 100 18-3 E. DUNDEE ROAD, SUITE 100 BARRINGTON, IL 60010 BARRINGTON, IL 60010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01122004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4, FEI Number 36-2436162 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. T and S TITLE ☐ Delete TITI F Change Addition Murray, Kenneth 15886 CLOVER LN NAME 🕺 COYLE, WILLIAM K JR NAME STREET ADDRESS 591 CARLSBAD TRAIL STREET ADDRESS 52002 OUBUQUE, IA CITY-ST-ZIP ROSELLE, IL 60172 CITY-ST-ZIP William Mayes 8898 Colony Farm Dr. Plymouth, mi 48170 V.P. George F. Mackensie Change 221 Golf Edge Dr. Westfield, N.J. 07090-1805 D ☐ Delete **X** Addition NAME DOMINGUEZ, DANIEL NAME STREET ADDRESS 4115 JETTY TERRACE CIRCLE STREET ADDRESS MISSOURI CITY, TX 77459 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE X Addition GOOD, DAVID NAME NAME STREET ADDRESS **473 SAGE DRIVE** STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15243 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition MURRAY, KENNETH NAME STREET ADDRESS 15886 CLOVER LN STREET ADDRESS DUBUQUE, IA 52002 CITY-ST-7IP CITY-ST-ZIP n Delete TITLE Change ☐ Addition TITLE KELLER, MARK NAME NAME 30 MASON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEBSTER GROVES, MO 63119 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE GRANT, C. TED DR. NAME STREET ADDRESS 1920 S FIRST STREET #209 STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

THE NAME OF SIGNING OFFICER OR DIRECTOR

William K. Coyle, Jr. 1-15-04

**FILED**