

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90181 033 ****61.25

DOCUMENT # F02000003578

1. Entity Name
STEWARDS MINISTRIES CORPORATION



Principal Place of Business
**18-3 E. DUNDEE ROAD, SUITE 100
BARRINGTON, IL 60010**

Mailing Address
**18-3 E. DUNDEE ROAD, SUITE 100
BARRINGTON, IL 60010**



01122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-2436162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **IOE, CLIDDORD (ICE, CLIFFORD)**
STREET ADDRESS **1723 FORT VALLEY DRIVE**
CITY-ST-ZIP **ATLANTA, GA 30311**

TITLE **D** ☐ Delete
NAME **MAYES, WILLIAM**
STREET ADDRESS **8898 COLONY FARM DR**
CITY-ST-ZIP **PLYMOUTH, MI 48170**

TITLE **D** ☐ Delete
NAME **SANCHEZ, STEVEN**
STREET ADDRESS **953 WILSON**
CITY-ST-ZIP **DUBUQUE, IA 52001**

TITLE **TS** ☐ Delete
NAME **MURRAY, KENNETH**
STREET ADDRESS **15886 CLOVER LN**
CITY-ST-ZIP **DUBUQUE, IA 52002**

TITLE **D** ☐ Delete
NAME **KELLER, MARK**
STREET ADDRESS **30 MASON AVE**
CITY-ST-ZIP **WEBSTER GROVES, MO 63119**

TITLE **D** ☐ Delete
NAME **GRANT, C. TED DR.**
STREET ADDRESS **1920 S FIRST STREET #209**
CITY-ST-ZIP **MINNEAPOLIS, MN 55454**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☐ Addition
NAME **MACKENZIE, GEORGE F.**
STREET ADDRESS **221 GOLF EDGE DRIVE**
CITY-ST-ZIP **WESTFIELD, NJ 07090-1805**

TITLE **P** ☐ Change ☐ Addition
NAME **COYLE, WILLIAM K. JR.**
STREET ADDRESS **591 CARLSBAD TRAIL**
CITY-ST-ZIP **ROSELLE, IL 60172**

TITLE **D** ☐ Change ☐ Addition
NAME **DOMINGUEZ, DANIEL**
STREET ADDRESS **9115 JETTY TERRACE CIRCLE**
CITY-ST-ZIP **MISSOURI CITY, TX 77459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K. COYLE JR. 01/12/2007 847-842-0227

Date

Daytime Phone #