

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 042 ****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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
36-2436162

Applied For

Not Applicable

Zip

Country

Zip

Country

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAM K. COYLE, JR.
591 Carlsbad Trail
Roselle, IL 60172** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Stephen N. Novakovich
5103 Summit Hill Drive
Dallas, TX 75287** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Daniel Dominguez
4115 Jetty Terrace Circle
Missouri City, TX 77459** ☐ Change ☒ Addition

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

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

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

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

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 an other like empowered.

SIGNATURE:

WILLIAM K. COYLE, JR

3/26/08

847-842-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #