

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003578

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: STEWARDS MINISTRIES CORPORATION

## Current Principal Place of Business:

1101 PERIMETER DRIVE, STE. 600  
SCHAUMBURG, IL 60173

## New Principal Place of Business:

1101 PERIMETER DRIVE  
SUITE 600  
SCHAUMBURG, IL 60173

## Current Mailing Address:

1101 PERIMETER DRIVE, STE. 600  
SCHAUMBURG, IL 60173

## New Mailing Address:

1101 PERIMETER DRIVE  
SUITE 600  
SCHAUMBURG, IL 60173

FEI Number: 36-2436162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: ICE, CLIFFORD  
Address: 1723 FORT VALLEY DRIVE  
City-St-Zip: ATLANTA, GA 30311

Title: C      ( ) Delete  
Name: MAYES, WILLIAM  
Address: 8898 COLONY FARM DR  
City-St-Zip: PLYMOUTH, MI 48170

Title: D      ( ) Delete  
Name: SANCHEZ, STEVEN  
Address: 953 WILSON  
City-St-Zip: DUBUQUE, IA 52001

Title: TS      ( ) Delete  
Name: MURRAY, KENNETH  
Address: 15886 CLOVER LN  
City-St-Zip: DUBUQUE, IA 52002

Title: D      ( ) Delete  
Name: KELLER, MARK  
Address: 30 MASON AVE  
City-St-Zip: WEBSTER GROVES, MO 63119

Title: P      ( ) Delete  
Name: COYLE, WILLIAM K JR  
Address: 591 CARLSBAD TRL  
City-St-Zip: ROSELLE, IL 60172

## 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:

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: WILLIAM K COYLE JR

P

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date