2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006331

FILED Jan 04, 2008 Secretary of State

Entity Name: BELIEVERS STEWARDSHIP SERVICES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
250 CHA DUBUQUI	NEY RD E, IA 5200129	13			
Current Mailing Address:		New Mailing Address:			
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250 CHA DUBUQUI	E, IA 5200129	13			
El Number	r: 31-1782614	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 801 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
itle: lame: ddress: city-St-Zip:	MR. (COSTELLO, R 703 W 21ST S CEDAR FALLS	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: address: city-St-Zip:	MR. (COYLE, WILLI 591 CARLSBA ROSELLE, IL	D TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	BRANDT, LLO' 245 WILDFLO		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: \ddress:	MR. (DAVIS, EVAN (1390 CAMBER WYOMING, OH	RLY DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
city-St-Zip:) Delete	Title:	() Change () Addition	
	MR. (ALLISON, DAV 2427 SPRUCE DUBUQUE, IA	WOOD DR	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: ANDREW C. TUECKE, TRUST OFFICER MR 01/04/2008