2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# F06000006331

Entity Name: BELIEVERS STEWARDSHIP SERVICES, INC.

Current Principal Place of Business:

2250 CHANEY RD
DUBUQUE, IA 520012913

New Principal Place of Business:

Current Mailing Address:

2250 CHANEY RD
DUBUQUE, IA 520012913

New Mailing Address:

FEI Number: 31-1782614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
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: MR. ( ) Delete
Name: COSTELLO, RANDALL M
Address: 703 W 21ST STREET
City-St-Zip: CEDAR FALLS, IA 50613

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

Title: MR. ( ) Delete
Name: BRANDT, LLOYD L
Address: 245 WILDFLOWER CT
City-St-Zip: VADNAIS HEIGHTS, MN 55127

Title: MR. ( ) Delete
Name: DAVIS, EVAN C
Address: 1390 CAMBERLY DR
City-St-Zip: WYOMING, OH 45215

Title: MR. ( ) Delete
Name: ALLISON, DAVID M
Address: 2427 SPRUCE WOOD DR
City-St-Zip: DUBUQUE, IA 52002

Title: MR. ( ) Delete
Name: NOHR, RICHARD K JR
Address: 4506 CRESCENT LAKE CIRCLE
City-St-Zip: SUGARLAND, TX 77479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change ( ) Addition
Name: DANIEL, SMITH H
Address: 3127 ARBOR OAKS ROAD
City-St-Zip: DUBUQUE, IA 52001

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: ANDREW C. TUECKE, ASSISTANT SECRETARY MR. 01/05/2009

Electronic Signature of Signing Officer or Director — Date