2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005166

Entity Name: THE STEWARDSHIP FOUNDATION, INC.

FILED Jun 13, 2008 Secretary of State

1463 TROON CIR. 1463 TROON CIR. PALM CITY, FL 349904428 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

1463 TROON CIR. 1463 TROON CIR. PALM CITY, FL 349904428 PALM CITY, FL 34990

FEI Number: 04-3123429 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: Name and Address of New Registered Agent:

ENRIGHT, RICHARD E ESQ.

1463 TROON CIR.

PALM CITY, FL 349904428 US

ENRIGHT, RICHARD E ESQ.

1463 TROON CIR.

PALM CITY, FL 34990 US

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: R E. ENRIGHT ESQ. 06/13/2008

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: PC () Delete Title: PD (X) Change () Addition Name: TETRAULT, WILLIAM F Name: TETRAULT, WILLIAM F

 Address:
 186 NASSAU AVE.
 Address:
 186 NASSAU AVE.

 City-St-Zip:
 FREEPORT, NY 115204428
 City-St-Zip:
 FREEPORT, NY 11520

Title: VC () Delete Title: D (X) Change () Addition Name: KOPP, W. BREWSTER Name: KOPP, W. BREWSTER

Address: 210 RIVER RUN Address: 3200 BAKER CIRCLE
City-St-Zip: GREENWICH, CT 06830 City-St-Zip: ADAMSTOWN, MD 21710

Title: D () Delete Title: DT (X) Change () Addition

 Name:
 SCRUGGS, GRANT
 Name:
 SCRUGGS, GRANT

 Address:
 15 CHATEAU THERRRY
 Address:
 15 CHATEAU THERRRY

 City-St-Zip:
 MADISON, NJ
 City-St-Zip:
 MADISON, NJ
 07940

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FAULHABER, THOMAS A
 Name:
 FAULHABER, THOMAS A

 Address:
 23 DALE ST.
 Address:
 227 FULLER STREET

 City-St-Zip:
 CHESTNUT HILL, MA 02167
 City-St-Zip:
 BROOKLINE, MA 02446

Title: T () Delete Title: D (X) Change () Addition Name: DUFFEY, TERESA Name: NICHOLAS, ANTONIADES H M.D.

Name:DUFFEY, TERESAName:NICHOLAS, ANTONIADES H M.D.Address:400 NORTH RIDGE HEIGHTS DR.Address:132 STOKLEY ROAD

Address: 400 NORTH RIDGE HEIGHTS DR. Address: 132 STOKLEY ROAD
City-St-Zip: HOWARD, OH 43028 City-St-Zip: WILMINGTON, NC 28403

Title: D (X) Delete Title: () Change () Addition

 Name:
 ANTONIADES, NICHOLAS H
 Name:

 Address:
 21 MAGNOLIA AVE.
 Address:

 City-St-Zip:
 NEWTON, MA 02158
 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 F. TETREAULT PD 06/13/2008