2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F07000005166

Entity Name: THE STEWARDSHIP FOUNDATION, INC.

Current Principal Place of Business:

1463 TROON CIR.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1463 TROON CIR.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 04-3123429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENRIGHT, RICHARD E ESQ.
1463 TROON CIR.
PALM CITY, FL 34990 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: PD ( ) Delete
Name: TETRAULT, WILLIAM F
Address: 186 NASSAU AVE.
City-St-Zip: FREEPORT, NY 11520

Title: D ( ) Delete
Name: KOPP, W. BREWSTER
Address: 3200 BAKER CIRCLE
City-St-Zip: ADAMSTOWN, MD 21710

Title: DT ( ) Delete
Name: SCRUGGS, GRANT
Address: 15 CHATEAU THERRRY
City-St-Zip: MADISON, NJ 07940

Title: S ( ) Delete
Name: FAULHABER, THOMAS A
Address: 227 FULLER STREET
City-St-Zip: BROOKLINE, MA 02446

Title: D ( ) Delete
Name: NICHOLAS, ANTONIADES H M.D.
Address: 132 STOKLEY ROAD
City-St-Zip: WILMINGTON, NC 28403

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TETRAULT, WILLIAM F
Address: 370 WEST AVENUE
City-St-Zip: NORWALK, CT 06850

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: D ( ) Change (X) Addition
Name: DAVID, REID
Address: 510 GENE GREEN DRIVE
City-St-Zip: NOKOMIS, FL 34275

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 PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date