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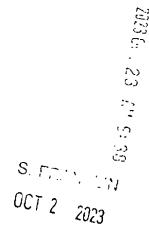
	(Re	equestor's Name)
	(Ad	ldress)	
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	(Ci	ty/State/Zip/Phor	ne #)
	PICK-UP	MAIT	MAIL
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Certified (Copies	_ Certificate	es of Status
Special	Instructions to	Filing Officer:	
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Office Use Only



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10/23/23

COVER LETTER

_	ion.Section of Corporations		
SUBJECT:	FINANCIAL ISSUES Name of Corporation -	STEWARDSHIF	MINISTRIES rated
Dear Sir or Mada			
Affairs in Florida	oplication by Foreign Not for Profit Co ", "Certificate of Existence", or "Certi referenced not for profit corporation	ficate of Status" and chec	ck are submitted to
Please return all o	correspondence concerning this matter	to the following:	
	M.E. Wileczek		
_	Name of Pe	erson	
_	FINANCIAL ISSU	ES STEWARDS	HIP MINISTRIE S
_	PO Box 270	35	
	Exton, PA 1939 City/State and 1	41	
	City/State and	Zip Code	
	meg@fism.to	V	
_	E-mail address: (to be used for futu	ire annual report notificat	ion)
For further inform	nation concerning this matter, please c	all:	
MegN	VIIECZEK at (Are	a Code Daytime Tele	+343 phone Number
Divisior P.O. Bo	tion Section of Corporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810
Please make check	ck for the following amount: payable to: FLORIDA DEPARTMENT Foe \$\square\$578.75 Fifing Fee & \$\square\$ Certificate of Status	OF STATE 1\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unav	ailable in Florida, enter alternate con	rporate name adopted for the purpose of transacting business in Florida)
Pennsylv	ania	3. 26-4646842 (FEI number, if applicable)
06-24-200)9	5 (Date of duration, if other than perpetual)
(1	Date of Incorporation)	(Date of duration, if other than perpetual)
156		istration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabil
	-	
529 East	Crown Point Road, Ste 2	00, Ococee, FL 34761
		rincipal office street address)
	70 =	-70
PO Box 2	70, Exton, PA 19341-02	V/Ω
		rent mailing address, if different)
Christian	(Curi	
Christian	Broadcasting Studio	rent mailing address, if different)
Christian	Broadcasting Studio	
(Purpose(s) of	(Current Broadcasting Studio corporation authorized in home states	rent mailing address, if different)
Purpose(s) of	(Current Broadcasting Studio corporation authorized in home states	e or country to be carried out in the state of Florida)
(Purpose(s) of Name and st	(Current Broadcasting Studio corporation authorized in home states	e or country to be carried out in the state of Florida)
(Purpose(s) of Name and str Name:	Curbon Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc	e or country to be carried out in the state of Florida)
(Purpose(s) of Name and standary Name:	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc 7901 4th St N STE 300	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of Name and stand Stand Name:	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc 7901 4th St N STE 300	e or country to be carried out in the state of Florida)
(Purpose(s) of Name and stu Name: ffice Address	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of Name and sta Name: Tice Address O. Registered	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance:	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code)
Name and strain Name: Tice Address Registered aving been noted.	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the
Name and strain Name:	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to this application, I hereby accept to	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the the appointment as registered agent and agree to act in this capa
Purpose(s) of Name and su Name: Tice Address A Registered wing been not signated in the ragree to	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to this application, I hereby accept to comply with the provisions of the state o	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the
(Purpose(s) of Name and sta Name: Tice Address O. Registered aving been not signated in the ragree to	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to this application, I hereby accept to comply with the provisions of the state o	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the the appointment as registered agent and agree to act in this capa all statutes relative to the proper and complete performance of m
Purpose(s) of Name and su Name: Tice Address A Registered wing been not signated in the ragree to	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to this application, I hereby accept to comply with the provisions of the state o	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the the appointment as registered agent and agree to act in this capa all statutes relative to the proper and complete performance of m
(Purpose(s) of Name and sta Name: ffice Address O. Registered aving been not exignated in the contract of the	Broadcasting Studio corporation authorized in home state reet address of Florida registered Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) d agent's acceptance: amed as registered agent and to this application, I hereby accept to comply with the provisions of the state o	rent mailing address, if different) e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable) , Florida 33702 (Zip Code) accept service of process for the above stated corporation at the the appointment as registered agent and agree to act in this capa all statutes relative to the proper and complete performance of m

the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] total]: A. DIRECTORS Name: YVONNE CELIA □ Chairman □ Chairman Name: _____ Address: 15456 Gilligan Ct □ Vice Chairman □ Vice Chairman Address: Winter Garden, Fl Director □ Director President □ President □ Vice President □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other: ______ ☐ Other:_____ □Other:_____ □Other:____ Name: M.E. WILECZEK □ Chairman □ Chairman Address: 114 Green St □Vice Chairman □Vice Chairman Address: Downingtown Director □ Director □President □President ☐ Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer controller ☐ Other:____ □Other:_____ □Other:_____ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President

□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
Non-indexed individuals may be a	ided to the index when filing your I	(6). The attachment will be imaged for Florida Department of State Annual Florida Department of State Annual Florida Department of the application of the attachment will be imaged for the application of	Papart form

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Financial Issues Stewardship Ministries

Request Type: Subsistence Certificate Issuance Date: October 10, 2023

Request No.: 023446224 File No.: 0003889826

Receipt No.: 000721528

Filing Type: Domestic Nonprofit Corporation

Filing Subtype: Nonprofit Corporation

Initial Filing Date: June 24, 2009

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Financial Issues Stewardship Ministries

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

ب

Albert Schmidt

Secretary of the Commonwealth

Mes Solm

Verify this certificate online at www.file.dos.pa.gov