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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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Secretary of State

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1. Corporation Name

THE STEWARDSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

1463 S.W. TROON CIRCLE
PALM CITY FL 34990-4428

1463 S.W. TROON CIRCLE
PALM CITY FL 34990-4428



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENRIGHT, RICHARD E ESQ
1463 S.W. TROON CIRCLE
PALM CITY FL 34990-4428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KOPP, W B
STREET ADDRESS 210 RIVER RUN
CITY-ST-ZIP GREENWICH CT 06830

1.1 TITLE
1.2 NAME GREEN, SCHONNA
1.3 STREET ADDRESS 643 EXECUTIVE CENTER
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE TD
NAME MCCOY, DORIS LEE
STREET ADDRESS 5758 BEAUMONT AVENUE
CITY-ST-ZIP LA JOLLA CA 92037

2.1 TITLE
2.2 NAME HARPER, MARY BETH
2.3 STREET ADDRESS 999 "E" STREET
2.4 CITY-ST-ZIP SAN DIEGO, CA 92101

TITLE SD
NAME ANTONIADES, NICHOLAS N. MD
STREET ADDRESS 21 MAGNOLIA STREET
CITY-ST-ZIP NEWTON MA 02158

3.1 TITLE
3.2 NAME HUBBARD, LOUISE
3.3 STREET ADDRESS 2367 SE HARRINGTON AVE.
3.4 CITY-ST-ZIP PORT ST. LUCIE, FL34952S

TITLE DAS
NAME ENRIGHT, RICHARD E. SR
STREET ADDRESS 1463 SW TROON CIRCLE
CITY-ST-ZIP PALM CITY FL 34990

4.1 TITLE
4.2 NAME MILLER, KIMBERLY A.
4.3 STREET ADDRESS 4162 NORTH JODHPUR COURT
4.4 CITY-ST-ZIP OLVEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME MITCHELL, DONALD
5.3 STREET ADDRESS 1441 NE 14TH COURT,
5.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME MOSHER, NINA
6.3 STREET ADDRESS 2365 CALCUTTA CIRCLE
6.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard E. Enright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

561-283-2489

Daytime Phone #

CR2E037 (11/98)