

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002071

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GREEN, SCHONNA  
STREET ADDRESS 643 EXECUTIVE CENTER  
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARPER, MARY BETH  
STREET ADDRESS 999 E. STREET  
CITY-ST-ZIP SAN DIEGO CA 92101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HUBBARD, LOUISE  
STREET ADDRESS 2367 SE HARRINGTON AVE.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MILLER, KIMBERLY A  
STREET ADDRESS 4162 N. JODHPUR CT.  
CITY-ST-ZIP OLVEDO FL 32765

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME MITCHELL, DONALD  
STREET ADDRESS 1441 NE 14TH CT.  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOSHER, NINA  
STREET ADDRESS 2365 CALCUTTA CIR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nina Mosher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 2000 561-283-2489

Date

Daytime Phone #

FILED  
Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90073 030 \*\*\*\*61.25

00007271



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3123429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR 1 0017 0000 P