

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07247

FILED
Apr 21, 2009
Secretary of State

Entity Name: MACLEOD STEWARDSHIP FOUNDATION, INC.

Current Principal Place of Business:

603 FIFTH AVE S.
SUITE #207
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

24600 S TAMIAMI TR
SUITE 212 BOX 181
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 59-2492096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHLEY, N. REX
1044 CASTELLO DRIVE
#106
NAPLES, FL 34103 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: S () Delete
Name: KELLY, CHARLES
Address: 2390 N TAMIAMI TR STE 204
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: MACLEOD, MURIEL D
Address: 1929 PRINCESS COURT
City-St-Zip: NAPLES, FL

Title: VPD () Delete
Name: MACLEOD, JOHN A II
Address: 55 OAKWOOD DRIVE
City-St-Zip: PORTSMOUTH, NH 03801

Title: PTD () Delete
Name: MACLEOD, RODERICK A
Address: 603 FIFTH AVE S- STE 207
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: QUINN, CYNTHIA M
Address: 2252 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

Title: AT () Delete
Name: ASHLEY, N. REX
Address: 1044 CASTELLO DR #106
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: N REX ASHLEY

AT

04/21/2009

Electronic Signature of Signing Officer or Director

Date