2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N43833

Entity Name: THE STEWARD'S FOUNDATION, INC.

Current Principal Place of Business:

J. B. LANE RIVERFRONT PK
1007 NORTH BLVD
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

7301 CANAL BLVD
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3071337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEASTER, THOMAS E
7301 CANAL BLVD
TAMPA, FL 33606 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: DC ( ) Delete
Name: KRUSEN, WILLIAM A
Address: 2415 SOUTH CAROLINA
City-St-Zip: TAMPA, FL 33629

Title: DS ( ) Delete
Name: HILL, LEWIS
Address: 100 TAMPA ST. N
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: ANTRAM, DENNY
Address: 3332 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: DP ( ) Delete
Name: FEASTER, THOMAS
Address: 7301 CANAL BLVD.
City-St-Zip: TAMPA, FL 33615

Title: T ( ) Delete
Name: SMITH, BRIAN M
Address: LCG-633 N FRANKLIN ST. 6TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SIGETY, BIRGE C
Address: 2908 W HARBOR VIEW AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: MYERS, JAMES
Address: 306 SOUTH PLANT AVE
City-St-Zip: TAMPA, FL 33606

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 (X) Change ( ) Addition
Name: PRESTON, JAMES
Address: 400 N. TAMPA STREET #3200
City-St-Zip: TAMPA, FL 33602

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: THOMAS E. FEASTER P 01/07/2009

Electronic Signature of Signing Officer or Director — Date