

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90025 041 ****61.25

DOCUMENT # N95000004781

1. Corporation Name

FLORIDA STEWARDSHIP FOUNDATION, INC.

Principal Place of Business

621 N.W. 53RD STREET
SUITE 240
BOCA RATON FL 33487

Mailing Address

621 N.W. 53RD STREET
SUITE 240
BOCA RATON FL 33487



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

10/10/1995

4. FEI Number

65-0616858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BLOCH, STUART E
2600 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **D CRAIG EVANS**
STREET ADDRESS **1230 NW 8TH ST**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **D GLENN SIMPSON**
STREET ADDRESS **5961 22ND AVE SW**
CITY-ST-ZIP **NAPLES F**

TITLE ☐ DELETE
NAME **D TOM DYER**
STREET ADDRESS **1609 CRYSTAL SPRINGS RD**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☐ DELETE
NAME **D FRANK WILLIAMSON JR.**
STREET ADDRESS **9150 NE 12TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **D J EDWIN ENGLISH**
STREET ADDRESS **4561 SPRINGVIEW DR**
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ DELETE
NAME **D ERINE CALDWELL**
STREET ADDRESS **400 EAGLE LAKE LOOP RD**
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-99 561 995-1474

CR2E037 (1/98)