2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004
Secretary of State

DOCUMENT# N95000004781

Entity Name: STEWARDSHIP AMERICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0616858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, CRIAG
1230 NW 8TH STREET
BOCA RATON, FL 33486 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:	D	( ) Delete
Name:	CRAIG EVANS,	
Address:	1230 NW 8TH ST	
City-St-Zip:	BOCA RATON, FL	
Title:	D	( ) Delete
Name:	DEFOUR, ALLISON III	
Address:	200 W. COLLEGE AVE., STE 308	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	LITTLEJOHN, CHARLES	
Address:	310 W. COLLEGE AVE.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	FRANK WILLIAMSON JR.,	
Address:	9150 NE 12TH AVE	
City-St-Zip:	OKEECHOBEE, FL	
Title:	D	( ) Delete
Name:	LISKEY, TRACEY	
Address:	4000 LOWER KLAMATH LAKE RD.	
City-St-Zip:	KLAMATH FALLS, OR 97603	
Title:	D	( ) Delete
Name:	CARLTON, PATRICK	
Address:	PO BOX 568982	
City-St-Zip:	ORLANDO, FL 32856	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	EVANS, CRAIG	
Address:	1230 NW 8TH ST	
City-St-Zip:	BOCA RATON, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAMSON, JR, FRANK	
Address:	9150 NE 12TH AVE	
City-St-Zip:	OKEECHOBEE, FL 34973	
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 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 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: CRAIG EVANS D 08/13/2004

Electronic Signature of Signing Officer or Director — Date