

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90117 015 ****61.25

DOCUMENT # N95000004781

1. Entity Name

STEWARDSHIP AMERICA, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0616858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CRIAG
1230 NW 8TH STREET
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|----------------------|--------------------|-------------------------------------|
| D | CRAIG EVANS | 1230 NW 8TH ST | BOCA RATON FL | <input type="checkbox"/> |
| D | GLENN SIMPSON | 5961 22ND AVE SW | NAPLES F | <input checked="" type="checkbox"/> |
| D | BAKER, WILLIAM | 14330 SE 55 PLACE RD | OCKLAWAHA FL 32179 | <input checked="" type="checkbox"/> |
| D | FRANK WILLIAMSON JR. | 9150 NE 12TH AVE | OKEECHOBEE FL | <input type="checkbox"/> |
| D | ENGLISH, J EDWIN | 4561 SPRINGVIEW DR | LABELLE FL | <input checked="" type="checkbox"/> |
| D | CARLTON, PATRICK | PO BOX 568982 | ORLANDO FL 32856 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|----------------------------|-------------------------|---------------------------------|--|
| D | ALLISON DEFUOR III | 200 W. COLLEGE AVE STE 308 | TALLAHASSEE, FL 32301 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | CHARLES LITTLEJOHN | 310 W. COLLEGE AVE | TALLAHASSEE, FL 32301 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | TRACEY LISKEY | 4000 LOWER KLAMATH LAKE RD | KLAMATH FALLS, OR 97603 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: X SIGNATURE REQUIRED CRAIG EVANS 2-5-03 561-995-1474

CR2E037 (10/02)