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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15825

(0)

1. Corporation Name

STEWARDSHIP PROGRAMMING, INC.

Principal Place of Business

381 HAVERLAKE CIRCEL
APOPKA FL 32712
US

Mailing Address

381 HAVERLAKE CIRCEL
APOPKA FL 32712
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

RANSOM, HAROLD JAMES, JR.
381 HAVERLAKE CIR
APOPKA FL 32712

3. Date Incorporated or Qualified

11/23/1990

3a. Date of Last Report

01/30/1996

4. FEI Number

59-3036585

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME BUUS, MICHAEL
STREET ADDRESS P.O. BOX 331
CITY- ST- ZIP UNION MILLS NC

TITLE DT ☐ DELETE

NAME BUUS, LINDA
STREET ADDRESS P.O. BOX 331
CITY- ST- ZIP UNION MILLS NC

TITLE DP ☐ DELETE

NAME RANSOM, HAROLD JAMES, JR
STREET ADDRESS 381 HAVERLAKE CIR
CITY- ST- ZIP APOPKA FL

TITLE DS ☐ DELETE

NAME RANSOM, ROBERTINE L.
STREET ADDRESS 381 HAVERLAKE CIR
CITY- ST- ZIP APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold James Ransom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 407-889-9501
Date Daytime Phone #

CR2E034 (9/96)