FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15825

(0)

STEWARDSHIP PROGRAMMING, INC.

FILED

Jan 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					T TABITALA LAT USABI BATAL LATAR ILABAT BATA	- BUSUL BUSUL WISH SIPH	BIGIL BEBIE SBBE
381 HAVERLAKE CIRCEL 381 HAVERLAKE CIRCEL APOPKA FL 32712 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/23/1990		
2. Principal Place of Business 2a. Mailing Address			S		4. FEI Number		Applied For
21 26				59-3036585		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,		lc.			\$8.7	5 Additional	
27		27			5. Certificate of Status Desired	Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	00 May Be
23		28	28		Trust Fund Contribution	Add Add	ed to Fees
Zip	Country Zip		Countr	Country 8. This corporation owes or has paid the c		<u></u>	
24			30	Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent		□No	
		s of Current Registered Agent		Name	10. Name and Address of New Heg	Istered Agent	
RANSOM, HAROLD JAMES, JR.				81 Name			
381 HAVERLAKE CIR			82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
APOPKA FL 32712			83				
			63				
			84	City		FL 85 Z	Zip Code
11. Pursuan	t to the provisions of Section	ons 607.0502 and 607.1508. Florida	Statutes, the above	e-named corr	poration submits this statement for the pu	urpose of changin	g its registered
office or	registered agent, or both,	in the State of Florida, Such change of the obligations of, Section 607.05	was authorized b	y the corporal	tion's board of directors. I hereby accept	the appointment	as registered
SIGNATURE							
Signature typed or printed name of registered agent and title if applicable (NO16				ent signature requi	ired when reinstating)	DATE	
12.		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DVP	☐ DELE				☐ Chang	ge Addition
NAME	BUUS, MICHAEL		1.2 NAME				
STREET ADDRESS	I M HOAL A HILL O A IO			T ADDRESS			
CITY-ST-ZIP	UNION MILLS NC		1.4 CITY-	ST-ZIP		Chang	ge Addition
THLE	_					ie 🗀 voouou	
NAME	BUUS, LINDA Press P.O. BOX 331		2.2 NAME				
STREET ADDRESS	THION THE CALO			T ADDRESS			
CITY-ST-ZIP	ZIP UNION MILLS NC		2. 4 CITY- TE 3.1 TITLE	S1-ZIP		Chang	ge Addition
TITLE	MALIOCIA (44 MALO) AND		3.2 NAME	j		Onan	go ridolesiii
ANA LIANGAN AND ON			T ADDRESS				
STREET ADDRESS	APOPKA FL	7111	3.4. CITY -	į			
CITY-ST-ZIP TITLE	DS	DELE		51-217		Chang	ge Addition
NAME	RANSOM, ROBERT	 -	4. 2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	AND HAVE OF AVE O						
STREET ADDRESS	APOPKA FL	174		T ADDRESS			
CITY-ST-ZIP TITLE	MOINTE	DELE	4.4 CITY - TE 5.1 TITLE	51-ZIP		Chang	ge Addition
NAME			5.2 NAME				jo Luci III
STREET ADDRESS	.]			T ADDRESS			
	'		5.4 CITY-				
CITY-ST-ZIP TITLE		DELE		J) - ZII		Chang	ge Addition
NAME		_ ····	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	1		6.4 CITY-				

14. 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 chapted, or on an attachment with an address.