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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N31820

Cornoration Name

1. Corporatio	on Name									
STE	EL AND FRIENDS, I	NC.								
440	08 NW 44th Place									
1	NESVILLE, FL 32	605								
Principal Place of Business Mailing Address										
										_
same						3. Date Incorporated or Qualified 3a. Date of Last Report				
						4/20/1989	4/2	0/95		4
—	Place of Business	2a. Mailing Address				4. FEI Number		 	olied For	4
					105	59-2969753			Applicable	4
Suite, Apt. #, etc.						5. Certificate of Status Desired	X	\$8.75 A Fee Re		1
22 27 same									•	4
City & State City & State						6. Election Campaign Financing		\$5.00 Added to		
Zip Gai	nesville, FL Country	28	Zip Country			Trust Fund Contribution				-
├──┐ ' <u>-</u>	. — '	<u></u>	30	int y		This corporation has liability for Florida Statutes	~ .	tax under s. ▼No	199.032,	
24 326	9. Name and Address of Current		1			10. Name and Address of New R		<u> </u>	***	4
	5. Hallis and Address of Corrent	negistered Agent	_	B1 Name	e	To. Hamb and Addition of How II	giotorou	rigorn.		7
Ste	el Walton Whitehe	ad								
4408 NW 44th Place				82 Street Address (P.O. Box Number is Not Acceptable)						
		605		83						-
•••	inesville, ib 32	003								
				84 City			FL	85 Zip C	ode	
44 0	to the provisions of Sections 617.0502	and C17 1500. Florida Cantuda			d core	protion authorite this statement for the		Echangina its	registered	4
l office or r	ropietored exect or both in the State o	if Florida. Such change was ai	ithorizos	i hu iho cc	rporati	on's board of directors. I hereby acce	pt the app	ointment as	egistered	
agent La	am familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Stat	utes.						
SIGNATURE		ALOTE.				3.10-1-1-1-1-1	DATÉ			_
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signati	ne require	d when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	CR2E037 (12/95)
TITLE	T	DELETE	1.1 1)	LE				Change	Addition	12
NAME	Director			1.2 NAME						2
STREET ADDRESS	Estella: Walton Whitehead			1.3 STREET ADORESS						
CITY-ST-ZIP	2614 1st Avenue			1.4 CITY-ST-ZIP						NZ.
TITLE	Huntington, WV	25702 DELETE	2.1 []		+			Change	Addition	Ö
NAME			2.2 N/							
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP				ITY-ST-ZIP	´					
TITLE		DELETE	3111		+			Change	Addition	1
NAME	Director		3.2 NA		1					1
STREET ADDRESS	Baruch Judge Whitehead			3.3 STREET ADDRESS						
CITY-ST-ZIP	2614 1st Avenue			ITY-ST-ZIP	´	SIGNODO 1 DA		وسدو وسم		
TITLE	Huntington, WV	25702	4.1 11		+	-03/22/36010	ريا ديده. ان سال	Change	Addition	1
NAME		Z3702 DELETE				50.00 (1 2 . 3) 3 1 1 1 1 1	21.1 L	11) I		
		25702 DELETE				***70 00				1
!		25702 DELETE	4. 2 N	AME		***70.00				
STREET ADDRESS	_	23702 DELETE	4. 2 N 4.3 ST	ame Reet address	5	***70.00				}
STREET ADDRESS CITY-ST-ZIP			4. 2 N 4.3 ST	ame Reet address Ty-St-Zip	5	***70.00		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	Director	DELETE DELETE	4. 2 N 4.3 ST 4.4 CI 5.1 TI	AME REET ADDRESS TY-ST-ZIP ILE	5	***70.00		Change	Addition	1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Director Lovetta Smith 4408 NW 44th Pla	Ce	4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	AME REET ADDRESS IY-ST-ZIP ILE IME REET ADDRESS		***70.00		Change	Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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.

SIGNATURE: Estela Walton Whitehead Estella Waster and Typed or Printed Name of Signing Officer of Director

\$/8/96 304-696-6008