

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31820

Entity Name: STEL AND FRIENDS, INC.

FILED
May 20, 2004
Secretary of State

Current Principal Place of Business:

1012 S EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

1185 S. LANE AVENUE
SUITE 5
JACKSONVILLE, FL 32205

Current Mailing Address:

1012 S EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

9150 CAMSHIRE DRIVE
JACKSONVILLE, FL 32244

FEI Number: 59-2969753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTON, ALICE DR.
1012 S EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

WALTON, ALICE DR.
9150 CAMSHIRE DRIVE
JACKSONVILLE, FL 32244

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: DR. ALICE WALTON

05/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITEHEAD, ESTELLA W
Address: 2614 1ST AVENUE
City-St-Zip: HUNTINGTON, WV 25702

Title: D (X) Delete
Name: WHITEHEAD, BARUCH J
Address: 2614 1ST AVENUE
City-St-Zip: HUNTINGTON, WV 25702

Title: D () Delete
Name: ANDERSON, BABYLON
Address: 1012 S EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: WALTON, FELICIA A
Address: 1012 S EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: WALTON, JAMES A
Address: 6734 RHODE ISLAND DR W
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WALTON, ALICE
Address: 1012 S EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. ALICE D. WALTON

D

05/20/2004

Electronic Signature of Signing Officer or Director

Date