## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N31820

Entity Name: STEL AND FRIENDS, INC.

FILED Oct 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3552 SW 30TH WAY SUITE 146				1315 NW 53RD AVE D			
GAINESVILLE, FL 32608				GAINESVILLE, FL 32653			
Current Mailing Address:				New Mailing Address:			
3552 SW 30TH WAY 146				1315 NW 53RD AVE D			
GAINESVILLE, FL 32608				GAINESVILLE, FL 32653			
FEI Number:	59-2969753	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired	(X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WALTON, ALICE DR. 3552 SW 30TH WAY 146				WALTON, ALICE DR. 1315 NW 53RD AVE D			
GAINESVILLE, FL 32608 US				GAINESVILLE, FL 32653 US			
The above in the State		ıbmits this statement for the pu	rpose of	changing it	s registered of	fice or registered agent, or	both,
SIGNATURE: ALICE WALTON				10/24/2007			
	Electronic	Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E WHITEHEAD, ES 2614 1ST AVENU HUNTINGTON, W	JE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E ANDERSON, BAE 202 MERRIWOO KINGSLAND, GA	D CIRCLE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E WALTON, FELIC 3552 SW 30TH V GAINESVILLE, FI	VAY #146		Title: Name: Address: City-St-Zip:	D (X) WALTON, FELIO P O BOX 1404 GAINESVILLE, I	14	
Title: Name: Address: City-St-Zip:	D ()E WALTON, JAMES 6734 RHODE ISL JACKSONVILLE,	AND DR W		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name:	D () E			Title: Name:	D (X) WALTON, ALICI		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip: GAINESVILLE, FL 32614

SIGNATURE: ALICE WALTON DIR 10/24/2007

GAINESVILLE, FL 32608

City-St-Zip: