

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N31820

FILED
Nov 07, 2008
Secretary of State

Entity Name: STEL AND FRIENDS, INC.

Current Principal Place of Business:

1315 NW 53RD AVE
D
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

1315 NW 53RD AVE
D
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 59-2969753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTON, ALICE DR.
1315 NW 53RD AVE
D
GAINESVILLE, FL 32653 US

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: ALICE WALTON

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 () Delete
Name: ANDERSON, BABYLON
Address: 202 MERRIWOOD CIRCLE
City-St-Zip: KINGSLAND, GA 31548

Title: D () Delete
Name: WALTON, FELICIA A
Address: P O BOX 140414
City-St-Zip: GAINESVILLE, FL 32614

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: PO BOX 140414
City-St-Zip: GAINESVILLE, FL 32614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WALTON, FELICIA A
Address: 5210 NW 23RD PL
City-St-Zip: GAINESVILLE, FL 32606

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

Title: D (X) Change () Addition
Name: WALTON, ALICE
Address: 5210 NW 23RD PL
City-St-Zip: GAINESVILLE, FL 32606

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.

SIGNATURE: ALICE WALTON

DIR

11/07/2008

Electronic Signature of Signing Officer or Director

Date