

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N31820**

1. Entity Name

**Steel And Friends Inc.**



**FILED**

**03 SEP 22 PM 12:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**300029364903**  
09/26/03--01085--016 \*\*70.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1012 S Edgewood AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**1012 S Edgewood AVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**03**

City & State  
**JACKSONVILLE, FL**  
Zip  
**32205** Country  
**DUVAL**

City & State  
**JACKSONVILLE, FL**  
Zip  
**32205** Country  
**DUVAL**

4. FEI Number  
**59-2969753**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DR. ALICE WALTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1012 S Edgewood AVE**  
City **JACKSONVILLE FL** Zip Code  
**32205**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dr. Alice Walton / Director**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**09-16-03**  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>
NAME	<b>WALTON, ALICE</b>
STREET ADDRESS	<b>1012 S Edgewood AVE</b>
CITY-ST-ZIP	<b>JX, FL 32205</b>
TITLE	<b>Director</b>
NAME	<b>WALTON, Felicia</b>
STREET ADDRESS	<b>1012 S Edgewood AVE</b>
CITY-ST-ZIP	<b>JX, FL 32205</b>
TITLE	<b>DIRECTOR</b>
NAME	<b>Anderson, Babylon</b>
STREET ADDRESS	<b>1012 S Edgewood AVE</b>
CITY-ST-ZIP	<b>JX, FL 32205</b>
TITLE	<b>Director</b>
NAME	<b>Whitehead, Baruch J</b>
STREET ADDRESS	<b>2614 1st AVE</b>
CITY-ST-ZIP	<b>Huntington WV 25702</b>
TITLE	<b>Director</b>
NAME	<b>Whitehead ESTELIA W</b>
STREET ADDRESS	<b>2614 1st AVE</b>
CITY-ST-ZIP	<b>Huntington WV 25702</b>
TITLE	<b>Director</b>
NAME	<b>WALTON, James Anthony</b>
STREET ADDRESS	<b>6734 Rhode Island Dr. W</b>
CITY-ST-ZIP	<b>JX, FL 32209</b>

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dr. Alice Walton**

**09-16-03 (904) 338-9341**

CR2E037B (12/02)