

FILE NOW: FILING FEE IS \$61.25

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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001613 (5)
 1. Corporation Name
STELLA BUTTS MINISTRIES, INC.



Principal Place of Business 1511 NW AVE E BELLE GLADE FL 33430	Mailing Address 1511 NW AVE E BELLE GLADE FL 33430
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3. Date Incorporated or Qualified
03/17/1997

4. FEI Number
65-0738656

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.
23. City & State	City & State
24. Zip	Country
25. Country	Zip
26. Country	Zip
27. Country	Zip
28. Country	Zip
29. Country	Zip
30. Country	Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BUTTS, STELLA G
 1511 NW AVE E
 BELLE GLADE FL 33430**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTTS, STELLA G	
STREET ADDRESS	1511 NW AVE E	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAWTON, MARGARET	
STREET ADDRESS	706 NW 16TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MUSK, MELISSA	
STREET ADDRESS	841 NE 30TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, OWENA S	
STREET ADDRESS	1316 SW AVE D	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSE, CHRISTOPHER H	
STREET ADDRESS	765 SW 10TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>Claude Butts</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>1511 NW AVE E</i>	
2.3 STREET ADDRESS	<i>BELLE GLADE, FL 33430</i>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<i>Mark Butts</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>49 DAVIS PL</i>	
3.3 STREET ADDRESS	<i>Belle Glade, FL 33430</i>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Stella G. Butts* **5-11-98 (56)** **992-9299**
993-3600

CR2E037 (10/97)