

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	3. Date Incorporated or Qualified 03/17/1997
		4. FEI Number 65-0738656
		Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BUTTS, STELLA G 1511 NW AVE E BELLE GLADE FL 33430	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LAWTON, MARGARET 706 NW 16TH ST BELLE GLADE FL 33430	2.1 TITLE	Claude Butts
NAME		2.2 NAME	1511 NW AVE E
STREET ADDRESS		2.3 STREET ADDRESS	BELLE GLADE, FL 33430
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MUSK, MELISSA 841 NE 30TH ST BELLE GLADE FL 33430	3.1 TITLE	Mark Butts
NAME		3.2 NAME	49 Davis Pl
STREET ADDRESS		3.3 STREET ADDRESS	Belle Glade, FL 33430
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BROWN, OWENA S 1316 SW AVE D BELLE GLADE FL 33430	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD ROSE, CHRISTOPHER H 765 SW 10TH ST BELLE GLADE FL 33430	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)