


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 710643
1. Entity Name
SPRINGS CORPORATION OF GAINESVILLE, INC.



Principal Place of Business: 2424 N.W. 23RD BLVD. GAINESVILLE, FL 32605
Mailing Address: P.O. BOX 90159 GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)
4. FEI Number: 59-0521187 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINTON, STEPHEN J
8620-204 N.W. 13TH STREET
GAINESVILLE, FL 32653

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANKS, ROBERT E JR.
STREET ADDRESS	8825 N.E. 108TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VD
NAME	LINTON, STEPHEN J
STREET ADDRESS	8620-204 N.W. 13TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	SD
NAME	PONZIO, JOSEPH E
STREET ADDRESS	3512 N.W. 13TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80110-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/11/05 352-373-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #