

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710643

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** SPRINGS CORPORATION OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2424 N.W. 23RD BLVD.  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90159  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-0521187      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

LINTON, STEPHEN J  
8620-204 N.W. 13TH STREET  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRANKS, ROBERT E JR.  
Address: 8825 N.E. 108TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32609

Title: VD ( ) Delete  
Name: LINTON, STEPHEN J  
Address: 8620-204 N.W. 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: VP ( ) Delete  
Name: MERRILL, TOM  
Address: 7120 NW 92ND PL  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: VICTOR C POPP

TR

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date