

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000376

1. Entity Name
SPRINGING THE BLUES SOCIETY, INC.



Principal Place of Business
209 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

Mailing Address
P.O. BOX 51348
JACKSONVILLE BEACH, FL 32250

66402558



01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3293732	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERMAN, CAROLYN 1834 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAL, SAMUEL 16 PONTE VEDRA CIRCLE PONTE VEDRA BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, REID T 400 W TROTTERS DR MAITLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, STEPHANIE 16 PONTE VEDRA CIRCLE PONTE VEDRA BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAL, SUSAN ☐ Change ☒ Addition 16 PONTE VEDRA CIR. PONTE VEDRA BEACH, FL 32087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBESON, MITCH ☐ Change ☒ Addition 1832 TIERRA VERDE ST ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Sam Veal SAM VEAL

2/18/04

904-241-5300

Date

Daytime Phone #