2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
3801187269CC

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Entity Name: SPRINGFIELD IMPROVEMENT ASSOCIATION AND ARCHIVES, INC.

Current Principal Place of Business:

210 W 7TH STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

210 W 7TH STREET
JACKSONVILLE, FL 32206 US

FEI Number: 20-8890106

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HALSTEAD, ADAM BLAIR
133 W 5TH ST
JACKSONVILLE, FL 32206 US

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

Officer/Director Detail :

Title	TREASURER
Name	HALSTEAD, ADAM BLAIR
Address	133 W 5TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	SECRETARY
Name	ELIAN, SHANNON
Address	210 W 7TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	DUNN, LISSA
Address	210 W 7TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	WILLS, KEVIN
Address	210 W 7TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	CASTRO, LENA
Address	210 W 7TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	PRESIDENT
Name	TRAUTMANN, ANDREW MICHAEL
Address	133 WEST 5TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	VP
Name	WILKERSON, JOSHUA
Address	1249 NORTH MARKET ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	KALLEMEYN, CAROLYN
Address	210 WEST 7TH ST
City-State-Zip:	JACKSONVILLE FL 32206

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I hereby 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 all other like empowered.

SIGNATURE: ADAM BLAIR HALSTEAD TREASURER 04/30/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHRISTINE, FARLEY
Address	402 EAST 6TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	AIKEN, STEPHANIE
Address	210 WEST 7TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	GARRISON, FRANCINE
Address	210 WEST 7TH ST
City-State-Zip:	JACKSONVILLE FL 32206