

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004262

Entity Name: SPRINGFIELD IMPROVEMENT ASSOCIATION AND ARCHIVES, INC.**FILED**
Mar 04, 2015
Secretary of State
CC5614879869**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	P
Name	HALSTEAD, ADAM BLAIR
Address	133 W 5TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	VP, SECRETARY
Name	DUBOSE, PATRICIA A
Address	355 W 6TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	GARDNER, JEFF
Address	1240 N MARKET ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	AYRES, EVA
Address	1835 HUBBARD ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	CASTRO, LENA
Address	1323 SILVER ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	ELIAN, SHANNON
Address	1321 N MAIN ST
City-State-Zip:	JACKSONVILLE FL 32206

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

Title	DIRECTOR
Name	THOMPSON, DEBBIE
Address	331 E 9TH ST
City-State-Zip:	JACKSONVILLE FL 32206

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**PRESIDENT****03/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date