

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90141 015 \*\*\*\*61.25

**DOCUMENT # 714683**

1. Entity Name  
**SPRINGFIELD LIONS CLUB HOLDING CORPORATION,  
INC.**



Principal Place of Business  
18 EAST 21ST STREET  
JACKSONVILLE, FL 32206

Mailing Address  
18 EAST 21ST STREET  
JACKSONVILLE, FL 32206

14021386



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
71-4783260

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, RANDALL NEIL  
2441 BROWARD ROAD  
JACKSONVILLE, FL 32218

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME THOMAS, JAMES E  
STREET ADDRESS 1332 IDA STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE PD ☐ Delete  
NAME JONES, FRED  
STREET ADDRESS 5137 118TH STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE P ☐ Delete  
NAME THOMAS, RANDALL  
STREET ADDRESS 2441 BROWARD ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE S ☒ Delete  
NAME NORTH, BILL  
STREET ADDRESS 10822 GOBIE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE T ☐ Delete  
NAME COOK, DAVID  
STREET ADDRESS 936 DAVID RD  
CITY-ST-ZIP YULEE, FL 32097

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 355-7868