

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 740452

Entity Name: SPRINGFIELD PRESERVATION AND REVITALIZATION COUNCIL, INC.

Current Principal Place of Business:

1321 N. MAIN ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1321 N. MAIN ST.
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2024497 **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:

DE SPAIN, LOUISE
1321 NORTH MAIN ST.
JACKSONVILLE, FL 32206 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: P () Delete
Name: DESPAIN, LOUISE
Address: 414 E. 7TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: V () Delete
Name: MEEKS, JACK
Address: 6228 POTTSBURG PLANTATION BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: REAGAN, RITA F
Address: 55 W 9TH ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DESPAIN, LOUISE
Address: 1851 LIBERTY N
City-St-Zip: JACKSONVILLE, FL 32206

Title: V (X) Change () Addition
Name: MEEKS, JACK
Address: 1206 HUBBARD ST
City-St-Zip: JACKSONVILLE, FL 32206

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUISE DESPAIN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date