

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 027 ****70.00



DOCUMENT # 740452
 1. Entity Name
SPRINGFIELD PRESERVATION AND REVITALIZATION COUNCIL, INC.

Principal Place of Business
 1321 N. MAIN ST.
 JACKSONVILLE, FL 32206 US

Mailing Address
 1321 N. MAIN ST.
 JACKSONVILLE, FL 32206 US

4005004-



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

City & State
 Zip

4. FEI Number
59-2024497

Applied For
 Not Applicable

Country
 Zip

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

6. Name and Address of Current Registered Agent
 DE SPAIN, LOUISE
 1321 NORTH MAIN ST.
 JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	DESPAIN, LOUISE	
STREET ADDRESS	1851 LIBERTY N	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEEKS, JACK	
STREET ADDRESS	1206 HUBBARD ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REAGAN, RITA F	
STREET ADDRESS	55 W 9TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Sweet	
STREET ADDRESS	1321 N. Main St.	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Louise A. Spain 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #