

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90024 022 \*\*\*\*70.00

<b>DOCUMENT # 740452</b> 1. Entity Name <b>SPRINGFIELD PRESERVATION AND REVITALIZATION COUNCIL, INC.</b>					
Principal Place of Business <b>1321 N. MAIN ST. JACKSONVILLE, FL 32206 US</b>			Mailing Address <b>1321 N. MAIN ST. JACKSONVILLE, FL 32206 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2024497</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE SPAIN, LOUISE 1321 NORTH MAIN ST. JACKSONVILLE, FL 32206</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DESPAIN, LOUISE</b> <input checked="" type="checkbox"/> Delete <b>1851 LIBERTY N</b> <b>JACKSONVILLE, FL 32206</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Claude Moulton</b> - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2014 N. Laura St.</b> <b>Jacksonville, FL 32206</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MEEKS, JACK</b> <input checked="" type="checkbox"/> Delete <b>1206 HUBBARD ST</b> <b>JACKSONVILLE, FL 32206</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Phil Collins</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1536 N. Laura St.</b> <b>Jacksonville, FL 32206</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SWEET, BARBARA</b> <input type="checkbox"/> Delete <b>1321 N. MAIN ST</b> <b>JACKSONVILLE, FL 32206</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Louise De Spain (Louise De Spain)</u> 4-7-08 (904) 353-7727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					