

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740452

FILED  
Jan 27, 2009  
Secretary of State

**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 (X)**

**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: MOULTON, CLAUDE  
Address: 2014 N LAURA ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: V ( ) Delete  
Name: COLLINS, PHIL  
Address: 1536 N. LAURA ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S (X) Delete  
Name: SWEET, BARBARA  
Address: 1321 N. MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: SWEET, BARBARA  
Address: 1321 N. MAIN 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 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: CLAUDE MOULTON

P

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date