

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003723

FILED
Jul 12, 2005
Secretary of State

Entity Name: SPRINGHILL COMMUNITY EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

2808 BUCKMAN ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2808 BUCKMAN ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3748487 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JACKSON, MICHAEL A
714 CHESTNUT OAK DR. NORTH
JACKSONVILLE, FL 32218 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: PD () Delete
Name: JACKSON, MICHAEL A
Address: 714 CHESTNUT OAK DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: BROWN, ROSHONDRA
Address: 2559 MINOSA CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: SMITH, EARLINE
Address: P.O. BOX 47493
City-St-Zip: JACKSONVILLE, FL 32247

Title: S () Delete
Name: BENSON, PHYLLIS
Address: 3836 NANCY STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: NEWMAN, ALICE
Address: 3615 TARPON DR.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: SMITH, EARLENE
Address: 8774 LANCASHIRE DR
City-St-Zip: JACKSONVILLE, FL 32219

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

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 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 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: EARLENE SMITH

TD

07/12/2005

Electronic Signature of Signing Officer or Director

Date