2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003723

FILED Jan 04, 2007 Secretary of State

Entity Name: SPRINGHILL COMMUNITY EMPOWERMENT CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 2808 BUCKMAN ST. JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 2808 BUCKMAN ST. JACKSONVILLE, FL 32206 FEI Number: 59-3748487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, MICHAEL A SMITH, EARLENE D 714 CHESTNUT OAK DR. NORTH 8774 LANCASHIRE DR JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32218 US 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: EARLENE D. SMITH 01/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JACKSON, MICHAEL A Name: Name: 714 CHESTNUT OAK DR. NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition Name: BROWN, ROSHONDRA Name: SMITH, EARLENE D Address: 2559 MINOSA CIRCLE NORTH Address: 8774 LANCASHIRE DR City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32219 Title: () Delete Title: (X) Change () Addition SMITH, EARLENE WALKER, ROBIN Name: Name: 8774 LANCASHIRE DR 1510 VAN BUREN STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32206 Title: () Delete Title: (X) Change () Addition Name: BENSON, PHYLLIS Name: WALKER, JANNETTE 3836 NANCY STREET 6053 JOHN F KENNEDY DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: () Change (X) Addition JACKSON, PAUL Name: Name: 1630 E. 19TH STREET Address: Address: JACKSONVILLE, FL 32206 City-St-Zip: 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: EARLENE D SMITH TD 01/04/2007