2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N01000003723

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:

SMITH, EARLENE D
8774 LANCASHIRE DR
JACKSONVILLE, FL 32219 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: TD ( ) Delete
Name: SMITH, EARLENE D
Address: 8774 LANCASHIRE DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete
Name: WALKER, ROBIN
Address: 1510 VAN BUREN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete
Name: WALKER, JANNETTE
Address: 6053 JOHN F KENNEDY DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: JACKSON, PAUL
Address: 1630 E. 19TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: DEAN, JANNETTE
Address: 6053 JOHN F KENNEDY DR
City-St-Zip: JACKSONVILLE, FL 32218

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: EARLENE D. SMITH TD 07/07/2008

Electronic Signature of Signing Officer or Director — Date