

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004262

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** SPRINGFIELD HERITAGE EDUCATION CENTER, INC.

**Current Principal Place of Business:**

1321 N. MAIN STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

55 W 9TH ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1321 N. MAIN STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

9378 ARLINGTON EXPY  
JACKSONVILLE, FL 32225

**FEI Number:** 59-3668277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REGAN, RITA F  
55 WEST 9TH STREET  
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: REAGAN, RITA F  
Address: 55 WEST 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP/S ( ) Delete  
Name: HALSTEAD, ADAM B  
Address: 133 WEST 5TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T ( ) Delete  
Name: FARLEY, CHRISTINE  
Address: 402 EAST 6TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

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

Title: VP/S (X) Change ( ) Addition  
Name: HALSTEAD, ADAM BLAIR  
Address: 133 WEST 5TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

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: ADAM BLAIR HALSTEAD

VP

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date