

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004262

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: SPRINGFIELD HERITAGE EDUCATION CENTER, INC.

## Current Principal Place of Business:

55 W 9TH ST  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

133 W 5TH ST  
JACKSONVILLE, FL 32206 US

## Current Mailing Address:

133 W 5TH ST.  
JACKSONVILLE, FL 32206

## New Mailing Address:

133 W 5TH ST  
JACKSONVILLE, FL 32206 US

FEI Number: 20-8890106

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:

HALSTEAD, ADAM BLAIR  
133 W 5TH ST  
JACKSONVILLE, FL 32206 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: ADAM BLAIR HALSTEAD

02/12/2009

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 BLAIR  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: REAGAN, RITA F  
Address: 55 WEST 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

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

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

Title: S ( ) Change (X) Addition  
Name: BOIVIN, CHRIS  
Address: 4643 CRESCENT ST  
City-St-Zip: JACKSONVILLE, FL 32205 US

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

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date