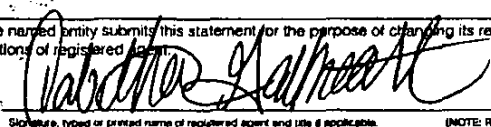
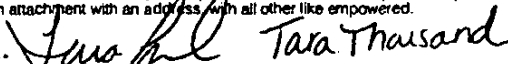


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

03-13-2008 90025 022 ****61.25

DOCUMENT # N07000011358					
1. Entity Name SPRINGFIELD MOMMIES GROUP, INC.					
Principal Place of Business 1321 N. MAIN ST. JACKSONVILLE, FL 32206			Mailing Address 1321 N. MAIN ST. JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALBREATH, TABITHA 1919 N. LAURA ST. JACKSONVILLE, FL 32206			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERSZENYI, CINDY 24 E. 4TH ST. ST. JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah Bard 1435 Silver St. Jacksonville, FL 32206	☒ Change ☐ Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, WENDY 1440 N. PEARL ST. JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allison Shockey 1423 N. Market St. Jacksonville, FL 32206	☒ Change ☐ Addition Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWRENCE, MAUREEN 1405 BLVD. JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy Berszenyi 24 E. 4th St Jacksonville, FL 32206	☒ Change ☐ Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LILES, JONI 1816 N. PEARL ST. JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tara Thausand 226 E 15th St Jacksonville, FL 32206	☒ Change ☐ Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		3/1/08		904-226-7001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66006161

