

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011197

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** SPRINGFIELD ANIMAL CARE AND RESCUE CLUB, INC.

**Current Principal Place of Business:**

221 N HOGAN ST  
219  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

221 N HOGAN ST  
219  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 90-0427770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMAN, KAREN M  
1235 HUBBARD ST  
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: KAUFMAN, KAREN M  
Address: 1235 HUBBARD ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: WILLIAMS, DOROTHY L  
Address: 424 E 6TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete  
Name: CAMPBELL, MARY C  
Address: 1644 N LAURA ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete  
Name: STREMITZER, KARLA J  
Address: 1815 PERRY ST  
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: ( ) 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: MARY C. CAMPBELL

TREA

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date