

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16935 (1)

1. Corporation Name

HISTORIC SPRINGFIELD COMMUNITY COUNCIL OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business

Mailing Address

210 W 7TH ST
JACKSONVILLE FL 32206
US

210 W 7TH ST
JACKSONVILLE FL 32206
US

3. Date Incorporated or Qualified

09/22/1986

3a. Date of Last Report

06/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2810273

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILL, JAMES H
1636 NO PEARL ST
JACKSONVILLE FL 32206

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TILL, JAMES H
STREET ADDRESS 1636 NO PEARL STG
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

1.1 TITLE C/D
1.2 NAME TOM METZ
1.3 STREET ADDRESS 1954 N. PEARL ST.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32206 ☒ Change ☐ Addition

TITLE VC
NAME HARRILL, RICHARD
STREET ADDRESS 303 E 2ND ST
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE V/D
2.2 NAME HARRILL, RICHARD
2.3 STREET ADDRESS 303 E 2ND ST
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32206 ☐ Change ☐ Addition

TITLE T
NAME O'QUINN, SANDRA
STREET ADDRESS 426 E 5TH ST
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE T/D
3.2 NAME O'QUINN, SANDRA
3.3 STREET ADDRESS 426 E. 5TH ST
3.4 CITY-ST-ZIP JACKSONVILLE, FL ☐ Change ☐ Addition

TITLE SD
NAME BARKER, SHARON
STREET ADDRESS 47 W 9TH ST
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

4.1 TITLE S/D
4.2 NAME RICHARD HARRILL
4.3 STREET ADDRESS 303 E. 2ND ST.
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32206 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra L. O'Quinn TREASURER

4/1/96 (904) 354-8952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)