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May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32206-4436  
US



3. Date Incorporated or Qualified  
09/22/1986

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 CD  
NAME TOM METZ  
STREET ADDRESS 1954 N. PEARL ST.  
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VCD  
NAME HARRILL, RICHARD  
STREET ADDRESS 303 E 2ND ST  
CITY-STATE-ZIP JACKSONVILLE FL

☒ DELETE

2.1 TITLE VCD  
2.2 NAME ART PROST  
2.3 STREET ADDRESS 1626 N. LIBERTY ST  
2.4 CITY-STATE-ZIP JACKSONVILLE, FL 32206

☐ Change ☒ Addition

TITLE TD  
NAME O'QUINN, SANDRA  
STREET ADDRESS 426 E 5TH ST  
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME RICHARD HARRILL  
STREET ADDRESS 303 E. 2ND ST.  
CITY-STATE-ZIP JACKSONVILLE FL

☒ DELETE

4.1 TITLE SD  
4.2 NAME BRETT WILLIAMS  
4.3 STREET ADDRESS 1524 PEARL ST.  
4.4 CITY-STATE-ZIP JACKSONVILLE, FL 32206

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Sandra L. O'Quinn, March 3, 1997 (904) 3555012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (904) 3555012

CR2E037 (9/96)