

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16935** (1)

1. Corporation Name

**HISTORIC SPRINGFIELD COMMUNITY COUNCIL OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business <b>210 W 7TH ST JACKSONVILLE FL 32206 US</b>	Mailing Address <b>210 W 7TH ST JACKSONVILLE FL 32206 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>09/22/1986</b>	
4. FEI Number <b>59-2810273</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TILL, JAMES H 1636 NO PEARL ST JACKSONVILLE FL 32206</b>
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10. Name and Address of New Registered Agent 81 Name <b>TOM METZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1954 N. PEARL ST.</b> 83 84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32206</b>
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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 and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE <i>Thomas O. Metz</i> <b>THOMAS O. METZ, CHAIRMAN</b> DATE <b>APRIL 28, 1998</b> (NOTE: Registered Agent signature required when reinstating)
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12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>TOM METZ</b>
STREET ADDRESS	<b>1954 N. PEARL ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	VCD <input type="checkbox"/> DELETE
NAME	<b>FROST, ART</b>
STREET ADDRESS	<b>1626 N LIBERTY ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>O'QUINN, SANDRA</b>
STREET ADDRESS	<b>426 E 5TH ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, BRETT</b>
STREET ADDRESS	<b>1524 PEARL ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TD TROY MARCEAUX</b>
3.3 STREET ADDRESS	<b>414 E. 3rd St.</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD PATRICIA TILL</b>
4.3 STREET ADDRESS	<b>1636 No. Pearl St.</b>
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, 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 as an attachment with an address. SIGNATURE: <i>Thomas O. Metz</i> <b>THOMAS O. METZ</b> DATE <b>APRIL 28, 1998</b> (904) <b>353-9878</b>
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CR2E037 (10/97)