FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31601** **(0)**

1. Corporation Name

SPRINGFIELD IMPROVEMENT ASSOCIATION AND WOMAN'S CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
210 W. SEVENTH ST. JACKSONVILLE FL 32206	210 W. SEVENTH ST. JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 04/10/1989
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2989134 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEARY, LISA
231 E. 7TH ST.
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Lisa Neary Lisa Neary DATE 1-17-1994
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PD	☒ Change ☐ Addition
NAME	NEARY, LISA	12 NAME	Gabbe-Harkcom, Lynne	
STREET ADDRESS	231 E. SEVENT ST.	13 STREET ADDRESS	1431 N. Laura St.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	14 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	MILLER, MELISSA	22 NAME	Williams, Maria	
STREET ADDRESS	1644 N. PEARL ST.	23 STREET ADDRESS	1524 N. Pearl St.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	24 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	SD	31 TITLE	SD	☐ Change ☒ Addition
NAME	GABBE-HARKCOM, LYNNE	32 NAME	Thomas, Deborah	
STREET ADDRESS	1431 N. LAURA ST.	33 STREET ADDRESS	365 w. 10 St.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	34 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	CSD	41 TITLE	CSD	☐ Change ☐ Addition
NAME	BAKER, ROMONA	42 NAME	Baker, Romona	
STREET ADDRESS	115 W. 4TH ST.	43 STREET ADDRESS	115 W. 4 St.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	44 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	TD	51 TITLE	TD	☐ Change ☐ Addition
NAME	O'QUINN, SANDRA	52 NAME	O'Quinn, Sandra	
STREET ADDRESS	436 E. 5TH ST.	53 STREET ADDRESS	436 e. 5 St.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	54 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	MILLER, MELISSA	62 NAME		
STREET ADDRESS	1644 N. PEARL ST	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

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)(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: Lisa Neary (LISA NEARY) 3-30-95 904-633-2308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00H0H