

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 # N31601 (0)

1. Corporation Name

SPRINGFIELD IMPROVEMENT ASSOCIATION AND WOMAN'S CLUB, INC.



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

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2989134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

NEARY, LISA
231 E. 7TH 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	<input checked="" type="checkbox"/> DELETE
NAME	NEARY, LISA	
STREET ADDRESS	231 E. SEVENTH ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MELISSA	
STREET ADDRESS	1644 N. PEARL ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GABBE-HARKCOM, LYNNE	
STREET ADDRESS	1431 N. LAURA ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ROMONA	
STREET ADDRESS	115 W. 4TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	O'QUINN, SANDRA	
STREET ADDRESS	436 E. 5TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MELISSA	
STREET ADDRESS	1644 N. PEARL ST	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEARY, LISA	
1.3 STREET ADDRESS	231 E. SEVENTH ST.	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAKER, ROMONA	
2.3 STREET ADDRESS	115 W. 4th St.	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBINSON, CARLON	
3.3 STREET ADDRESS	330 E. 5th St.	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MONTEZ, MELONIE	
4.3 STREET ADDRESS	320 E. 9th St.	
4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'QUINN, SANDRA	
5.3 STREET ADDRESS	436 E. 5th St.	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GABBE-HARKCOM, LYNNE	
6.3 STREET ADDRESS	1431 N. LAURA ST.	
6.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206	

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 P. Quinn* TREASURER 4/15/96 (904) 354-8952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)