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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
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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 32206-4436**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/10/1989	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2089134		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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	1.1 TITLE	TD
NAME	NEARY, LISA	1.2 NAME	NEARY, LISA
STREET ADDRESS	231 E. SEVENTH ST.	1.3 STREET ADDRESS	231 E. 7TH ST.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206
TITLE	VD	2.1 TITLE	VD
NAME	BAKER, ROMONA	2.2 NAME	FOLKEY, TRINA M.
STREET ADDRESS	115 W. 4TH ST.	2.3 STREET ADDRESS	6200 TERRY RD
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	VD	3.1 TITLE	
NAME	ROBINSON, CARLON	3.2 NAME	
STREET ADDRESS	330 E. 5TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	MONTES, MELONIE	4.2 NAME	
STREET ADDRESS	320 E. 9TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	PD
NAME	O'QUINN, SANDRA	5.2 NAME	O'QUINN, SANDRA
STREET ADDRESS	436 E. 5TH ST.	5.3 STREET ADDRESS	436 E. 5TH ST
CITY - ST - ZIP	JACKSONVILLE FL 32206	5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206
TITLE	SD	6.1 TITLE	
NAME	GABBE-HARKCOM	6.2 NAME	
STREET ADDRESS	1431 N. LAURA ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

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 B. Mortham* **Sandra B. Mortham**, APRIL 28, 1997 (904) 6339308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004714

CR2E037 (9/96)