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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-2989134

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Carlton Robinson

82 Street Address (P.O. Box Number Is Not Acceptable)

210 W. 7th St

83 City

Mr. Carlton

84 Zip Code

Jacksonville

FL

32206

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 agent 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

Carlton Robinson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-22-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NEARY, LISA
231 E. SEVENTH ST.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FOLKEY, TRINA M
6200 TERRY RD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROBINSON, CARLON
330 E. 5TH ST.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MONTES, MELONIE
320 E. 9TH ST.
JACKSONVILLE FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'QUINN, SANDRA
436 E. 5TH ST.
JACKSONVILLE FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GABBE-HARKCOM
1431 N. LAURA ST.
JACKSONVILLE FL

1.1 TITLE

2nd Vice President

1.2 NAME

Karla Crawford

1.3 STREET ADDRESS

125 W. 2nd St

1.4 CITY-ST-ZIP

Jacksonville, FL 32206

2.1 TITLE

1st Vice President

2.2 NAME

POIKEY TRINA

2.3 STREET ADDRESS

1445 SILVER ST

2.4 CITY-ST-ZIP

JACKSONVILLE FL 32206

3.1 TITLE

President

3.2 NAME

Carlton Robinson

3.3 STREET ADDRESS

330 E. 5th St.

3.4 CITY-ST-ZIP

JACKSONVILLE FL 32206

4.1 TITLE

Treasurer

4.2 NAME

320 E. 9th St

4.3 STREET ADDRESS

MELANIE MONTES

4.4 CITY-ST-ZIP

JACKSONVILLE FL 32206

5.1 TITLE

3rd Vice President

5.2 NAME

Melody Smith

5.3 STREET ADDRESS

1533 N. Pearl St

5.4 CITY-ST-ZIP

Jacksonville, FL 32206

6.1 TITLE

Secretary

6.2 NAME

Patricia Hill

6.3 STREET ADDRESS

1636 N. Pearl St

6.4 CITY-ST-ZIP

JACKSONVILLE, FL 32206

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 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: Patricia Hill 4-21-98 (MAY) 133-5328

CR2E037 (10/97)