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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31601

1. Corporation Name

SPRINGFIELD IMPROVEMENT ASSOCIATION AND WOMAN'S CLUB, INC.

Principal Place of Business

210 W. SEVENTH ST.
 JACKSONVILLE FL 32206

Mailing Address

210 W. SEVENTH ST.
 JACKSONVILLE FL 32206



2. Principal Place of Business 21. 210 W. Seventh Street 22. Suite, Apt. #, etc.	2a. Mailing Address 26. 210 W. Seventh Street 27. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/10/1989
23. City & State Jacksonville, FL 24. Zip 32206	28. City & State Jacksonville, FL 29. Zip 32206	4. FEI Number 59-2989134
25. Country US	30. Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CARLON ROBINSON
 210 W 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. 1533 N Pearl Street
 84. City
 Jacksonville FL 85. Zip Code
 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 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 Melody J. Smith

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

(NOTE: Registered Agent signature required when reinstating)

4/14/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KARLA CRAWFORD 125 W 2ND ST JACKSONVILLE FL 32206	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT Melody Smith 1533 N Pearl Street Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT POLKEY, TRINA 1445 SILVER ST JACKSONVILLE FL 32206	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPT Patrice A. Hines 114 E. 5th Street Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARLON ROBINSON 330 E. 5TH ST. JACKSONVILLE FL 32206	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPT Annette Williams 1704 N Pearl Street Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTES, MELANIE 320 E. 9TH ST. JACKSONVILLE FL 32206	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VPT Carlottra Guyton 1545 Boulevard Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MELODY SMITH 1533 N PEARL ST JACKSONVILLE FL 32206	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer Melanie Montes 320 E. 9th Street Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRICIA TILL 1636 N PEARL ST JACKSONVILLE FL 32206	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ST Kathy Strickland 247 E 9th Street 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, with all other like empowered.

SIGNATURE: Melanie Montes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

(904) 633-9308

Daytime Phone #

CR2E037 (11/98)