


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N31601	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2989134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARLEY, CHRISTINE
402 E. SIXTH ST.
JACKSONVILLE, FL 32206**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Christine Farley **CHRISTINE FARLEY** 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000122797 04/21/04-30042-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, NANCY 354 W. 7TH ST. JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYRES, EVA 1843 HUBBARD ST. JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARLEY, CHRIS 402 EAST 6TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSTROSKI, SHARON 424 E 6TH ST. JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, VIRGINIA 232 E 2ND ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, LENA 1217 BOULEVARD JACKSONVILLE, FL 32206

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Farley **CHRISTINE FARLEY** 4/20/04 904 385 1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #