



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 024 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em;">40076285</div>  <div style="margin-top: 10px;"> 04162005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u><i>FARLEY CHRISTINE</i></u> <u><i>Christine Farley</i></u> <u><i>April 16 05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>		
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEWMAN, NANCY 354 W. 7TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AYRES EVA 1835 HUBBARD ST. JACKSONVILLE FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AYRES, EVA 1843 HUBBARD ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTRO LENA 1217 BOULEVARD JACKSONVILLE FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FARLEY, CHRIS 402 EAST 6TH STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FARLEY CHRIS 402 EAST 6TH STREET JACKSONVILLE FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, VIRGINIA 232 E 2ND ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, LENA 1217 BOULEVARD JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u><i>Christine Farley</i></u> <u><i>CHRISTINE FARLEY</i></u> <u><i>APRIL 16 05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT

11

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1. Entity Name SPRINGFIELD IMPROVEMENT ASSOCIATION AND WOMAN'S CLUB, INC.					
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2989134	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARLEY, CHRISTINE 402 E. SIXTH ST. JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, NANCY 354 W. 7TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVA AYRES 1835 HUBBARD ST JACKSONVILLE FL 32206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AYRES, EVA 1835 HUBBARD ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENA CASTRO 1217 BOULEVARD JACKSONVILLE FL 32206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FARLEY, CHRIS 402 EAST 6TH STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTINE FARLEY 402 6th St E JAX FLA 32206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>Christine Farley</i>			Date: <i>April 27</i> Daytime Phone #: <i>9043551626</i>		

ATTACHMENT

40076285

#N31601

The Springfield Improvement Association and Woman's Club

210 7th Street West

Jacksonville Florida 32206

(904) 633 9308

April 27th 2006

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302.1500

Dear Sirs;

Enclosed is our Annual Report filing and check for \$61.25. Also enclosed is a copy of our filing for last year, showing the change of officers. This part was not recorded by you, please may this be corrected this year.

Sincerely



Christine Farley
Registered Agent