

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 001 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2989134** Applied For Not Applicable

5. Certificate of Status Desired **\$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: **Debbie Thompson**
 Street Address (P.O. Box Number is Not Acceptable):
1854 Pearl Street
 City: **Jacksonville** FL Zip Code: **32206**

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: *Debra R Thompson* **4/29/08**
 Signature of principal or director of registered agent and the filer (if filer is not principal or director of registered agent) (NOTE: Registered Agent signature required with no response)
Debra S. Thompson aka Debbie Thompson, Registered Agent & Secretary

FILE NOW: FEE IS \$61.25 Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 THOMPSON, DEBBIE 1854 PEARL STREET JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FARLEY, CHRIS 402 EAST 6TH STREET JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dahlseid, JANET 205 E. 7th Street JACKSONVILLE, FL 32206-4511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, ROSE 1820 MARKET STREET JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMOUNTAIN, PAT 1734 WALNUT STREET JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Miller, Beverly S. 104 E. 5th Street Jacksonville, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOONAN, SUSAN 45 4TH STREET W JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEMASI, MELANIE 310 7TH STREE E JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Potchik, Christie 1226 Market St Jacksonville, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Beverly S. Miller* **4/29/08** **904 358-0124**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR