

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36551** (2)

1. Corporation Name

**SPRINGFIELD ECUMENICAL MINISTRIES, INC.**



Principal Place of Business <b>157 E 8TH STREET SUITE 117 JACKSONVILLE FL 32206</b>	Mailing Address <b>157 E 8TH STREET SUITE 117 JACKSONVILLE FL 32206-3771</b>
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3. Date Incorporated or Qualified <b>02/09/1990</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>59-3003445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 113 West 17th Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 13194</b> Suite, Apt. #, etc.
22 City & State <b>23 Jacksonville, Florida</b>	27 City & State <b>28 Jacksonville, Florida</b>
24 Zip <b>32206</b>	25 Country <b>USA</b>
29 Zip <b>32206</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>WELKLEY, LEE N 157 E 8TH ST STE E JACKSONVILLE FL 32206</b>	
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10. Name and Address of New Registered Agent <b>81 Name Lee N. Welkley</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 113 West 17th Street</b> <b>83</b> <b>84 City Jacksonville FL 85 Zip Code 32206</b>	
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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 Lee N. Welkley **Lee N. Welkley, Registered Agent** **1-15-97**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>LEWIS, KELVIN REV 1329 MARKET STREET JACKSONVILLE FL</b>	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Welkley, Lee N. Rev. 113 West 17th Street Jacksonville, FL 32206</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>PRIMUS, THEROME 3000 CORONET LANE, APT. 260 JACKSONVILLE FL</b>	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Angus, Joslyn Rev 321 West Union Street Jacksonville, FL 32202</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>GINN, STEVE 25 WEST 9TH STREET JACKSONVILLE FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>WELKLEY, LEE 113 W 17TH ST. JACKSONVILLE FL</b>	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McKetty, Noel 10858 Rock Island Rd. Jacksonville, FL 32223</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>BUTLER, ANN 5303 ORTEGA BLVD., APT. 205 JACKSONVILLE FL</b>	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Edwards, Clarence 1830 Silver Street Jacksonville, FL 32206</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>YOUNG, MARION 2115 COMMONWEALTH AVENUE JACKSONVILLE FL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 Lee N. Welkley

CR2E037 (9/96)