

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$36.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morths  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36551 (2)

1. Corporation Name

SPRINGFIELD ECUMENICAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

113 WEST 17TH STREET  
JACKSONVILLE FL 32206  
US

P.O. BOX 13194  
JACKSONVILLE FL 32206  
US

3. Date Incorporated or Qualified

02/09/1990

4. FEI Number

59-3003445

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Ctry

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

WELKLEY, LEE N  
113 WEST 17TH STREET  
STE E  
JACKSONVILLE FL 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WELKLEY, LEE N. REV.  
STREET ADDRESS 113 WEST 17TH STREET  
CITY-STATE-ZIP JACKSONVILLE FL

1.1

1.2

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE V  
NAME ANGUS, JOSLYN REV.  
STREET ADDRESS 321 WEST UNION STREET  
CITY-STATE-ZIP JACKSONVILLE FL

2.1

2.2

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D  
NAME GINN, STEVE  
STREET ADDRESS 25 WEST 9TH STREET  
CITY-STATE-ZIP JACKSONVILLE FL

3.1

3.2

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D  
NAME MCKETTY, NOEL  
STREET ADDRESS 10858 ROCK ISLAND RD.  
CITY-STATE-ZIP JACKSONVILLE FL

4.1

4.2

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D  
NAME EDWARDS, CLARENCE  
STREET ADDRESS 1830 SILVER STREET  
CITY-STATE-ZIP JACKSONVILLE FL

5.1

5.2

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D  
NAME YOUNG, MARION  
STREET ADDRESS 2115 COMMONWEALTH AVENUE  
CITY-STATE-ZIP JACKSONVILLE FL

6.1

6.2

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 16 1998 8:00am  
Secretary of State



CR2E037 (5/98)