

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90045 038 ****61.25

DOCUMENT # N95000001020

1. Corporation Name

SPRINGFIELD COMMUNITY SUPPORT CLUB OF THE STATE
OF FLORIDA, INC.

Principal Place of Business

3542 E 3RD ST.
PANAMA CITY FL 32401

Mailing Address

3542 E 3RD ST.
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/02/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3347183

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, LEON
3542 E 3RD ST.
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME LONG, ROSA
STREET ADDRESS 137 DETROIT AVE.
CITY-ST-ZIP SPRINGFIELD FL

1.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME BRYAN, DAVID
STREET ADDRESS 149 DETROIT AVE.
CITY-ST-ZIP SPRINGFIELD FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BRYAN, TAYHEEDAH
STREET ADDRESS 149 DETROIT AVE.
CITY-ST-ZIP SPRINGFIELD FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SMITH, SAMUEL
STREET ADDRESS 154 CLAIRE AVE.
CITY-ST-ZIP SPRINGFIELD FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME JONES, MARY
STREET ADDRESS 6009 IVY RD.
CITY-ST-ZIP CALLAWAY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MAHONE, GRANT
STREET ADDRESS 124 WABASH AVE.
CITY-ST-ZIP SPRINGFIELD FL

2.2 NAME ☐ 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/27/99

850-768-8594

CR2E037 (1/98)