


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001020	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3347183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LONG, ROSA 137 DETROIT AVE. SPRINGFIELD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRYAN, DAVID 149 DETROIT AVE. SPRINGFIELD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, TAYHEEDAH 149 DETROIT AVE. SPRINGFIELD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, SAMUEL 154 CLAIRE AVE. SPRINGFIELD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, MARY 6009 IVY RD. CALLAWAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHONE, GRANT 124 WABASH AVE. SPRINGFIELD, FL

**DO NOT WRITE
IN THIS SPACE**

07/16/04-00008-009.61.25

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: Leon Jones Leon Jones 7/16/2004 850-767-8594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #