

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 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

DO NOT WRITE IN THIS SPACE



09072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3347183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

Mary Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 7, 2005

Date

872-3217

Daytime Phone #