

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706981 (8)
 1. Corporation Name
ANNIE MATTOX RECREATION CENTER, INC.



Principal Place of Business C/O HAYWARD LOFTON 297 N. CHESTNUT ST. LAKE CITY FL 32055 US	Mailing Address C/O HAYWARD LOFTON 297 N. CHESTNUT ST. LAKE CITY FL 32055 US
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3. Date Incorporated or Qualified 03/16/1964	3a. Date of Last Report 05/01/1995
4. FEI Number 23-7134049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WILLIAMS, LOUIS, JR.
 1493 BROADWAY STREET
 LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, BILLIE (904) 752-3533
STREET ADDRESS	ROUTE 8 BOX 472
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	T <input type="checkbox"/> DELETE
NAME	LAKE, O. J. (904) 752-2892
STREET ADDRESS	POST OFFICE BOX 11361 NA
CITY-ST-ZIP	LAKE CITY FL 32056
TITLE	P <input type="checkbox"/> DELETE
NAME	LOFTON, HAYWARD T. (904) 752-4262
STREET ADDRESS	297 N CHESTNUT
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	S <input type="checkbox"/> DELETE
NAME	WILLIAMS, LOUIS (904) 752-3944
STREET ADDRESS	1493 BROADWAY
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	D <input type="checkbox"/> DELETE
NAME	MAGWOOD, FRANCES (904) 752-6341
STREET ADDRESS	800 W. WASHINGTON STREET
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	T <input type="checkbox"/> DELETE
NAME	MERRICK, RACHEL (904) 755-0180
STREET ADDRESS	1535 LAKE DR
CITY-ST-ZIP	LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RENTZ, CARL H. (904) 752-3997
1.3 STREET ADDRESS	RT. 11, BOX 477
1.4 CITY-ST-ZIP	LAKE CITY, FL. 32024
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, FRED (904) 752-5558
2.3 STREET ADDRESS	RT. 6, BOX 477
2.4 CITY-ST-ZIP	LAKE CITY, FL. 32025
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAMSON, NELO (904) 752-7436
3.3 STREET ADDRESS	237 PATTERSON ST.
3.4 CITY-ST-ZIP	LAKE CITY, FL. 32055
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE, LEROY, JR. (904) 752-5304
4.3 STREET ADDRESS	RT. 15, BOX 2412
4.4 CITY-ST-ZIP	LAKE CITY, FL. 32024
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROWN, WILL (904) 752-2431
5.3 STREET ADDRESS	1750 FAIRVIEW
5.4 CITY-ST-ZIP	LAKE CITY, FL. 32055
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PEARSON, LILLIE (904) 752-2436
6.3 STREET ADDRESS	729 E. LEON ST.
6.4 CITY-ST-ZIP	LAKE CITY, FL. 32055

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Louis Williams, Jr. **Louis Williams, Jr.** 4-29-96 (904) 752-3944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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1996
NONPROFIT
CORPORATION
ANNUAL REPORT

ANNIE MATTOX RECREATION CENTER, INC.

(BLOCK 13 CONTINUED)

13. ADDITIONS TO OFFICERS AND DIRECTORS

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SAULSBY, LOUIS H. (904) 752-2868
P.O. BOX 654 N/A
LAKE CITY, FL. 32056

D
TOMLIN, TONJEE (904) 755-6831
923 MARTIN LUTHER KING DR.
LAKE CITY, FL. 32055

D
WASHINGTON, AUDRY (904) 758-2276
638 N. CHESTNUT ST.
LAKE CITY, FL. 32055