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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 PO BOX 1663 LAKE CITY FL 32056 US	Mailing Address PO BOX 1663 LAKE CITY FL 32056 US
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3. Date Incorporated or Qualified 03/16/1964
4. FEI Number 23-7134049
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CARTER, BILLIE RT 8, BOX 472 N/A LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BROWN, WILL 1750 FAIRVIEW LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE LOFTON, HAYWARD T. 297 N CHESTNUT LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> DELETE WILLIAMS, LOUIS JR. 1493 BROADWAY LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE MAGWOOD, FRANCES 800 W. WASHINGTON STREET LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> DELETE MERRICK, RACHEL 1535 LAKE DR LAKE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GEORGE, LOROY JR. ROUTE 15, BOX 2412 LAKE CITY, FL 32024
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JONES, FRED ROUTE 6 BOX 477 LAKE CITY, FL 32025
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D PEARSON, LILLIE 729 E. LEON STREET LAKE CITY, FL 32055
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D RENTZ, CARL ROUTE 11, BOX 621 LAKE CITY, FL 32024
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D SAULSBY, LOUIS P.O. BOX 654 NA LAKE CITY, FL 32056
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D TOMBLIN, SONJE 923 MARTIN LUTHER KING DR. LAKE CITY, FL 32055

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: Louis Williams Jr. **LOUIS WILLIAMS JR. 3/17/98 904-752-3944**

CR2E037 (10/97)

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RECREATION CENTER INC. DOCUMENT #706981

NOTE: BLOCK # 13 CONTINUED.....

7.1 TITLE: D
7.2 NAME: WASHINGTON, AUDRY
7.3 638 N. CHESTNUT DR.
7.3 LAKE CITY, FL 32055

8.1 TITLE: D
8.2 NAME: WILLIAMSON, NELO SR.
8.3 237 PATTERSON STREET
8.4 LAKE CITY, FL 32055

1- will - Jd