

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90077 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 706981
 1. Corporation Name
ANNIE MATTOX RECREATION CENTER, INC.

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| 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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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 03/16/1964 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 23-7134049 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 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 84 City FL 85 Zip Code |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE D | CARTER, BILLIE RT 8, BOX 472 N/A LAKE CITY FL | 1.1 TITLE Change Addition | GEORGE, LEROY, JR. Rt. 15, Box 2412 Lake City, Fl. 32024 |
| TITLE D | BROWN, WILL 1750 FAIRVIEW LAKE CITY FL | 2.1 TITLE Change Addition | JONES, FRED RT. 6, BOX477 LAKE CITY, FL. 32025 |
| TITLE P | LOFTON, HAYWARD T. 297 N CHESTNUT LAKE CITY FL | 3.1 TITLE Change Addition | PEARSON, LILLIE 729 E. LEON STREET LAKE CITY, FL 32055 |
| TITLE S | WILLIAMS, LOUIS 1493 BROADWAY LAKE CITY FL | 4.1 TITLE Change Addition | RENTZ, CARL ROUTE 11, BOX 621 LAKE CITY, FL. 32024 |
| TITLE D | GEORGE, LORY JR. RT 15, BOX 2412 LAKE CITY FL 32024 | 5.1 TITLE Change Addition | WILLIAMSON, NELO 237 PATTERSON STREET LAKE CITY, FL. 32055 |
| TITLE T | MERRICK, RACHEL 1535 LAKE DR LAKE CITY FL | 6.1 TITLE 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 info empowered.

SIGNATURE: *Louis Williams* SIGNATURE REQUIRED *Louis Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Feb 20, 1999 904
 Day/Time Phone # 752-8944

CR2E037 (1/98)