

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90143 010 \*\*\*\*70.00

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**DOCUMENT # 706981**

1. Entity Name

**ANNIE MATTOX RECREATION CENTER, INC.**

Principal Place of Business

Mailing Address

901 NE CENTRAL AVENUE  
 LAKE CITY FL 32055  
 US

PO BOX 1663  
 LAKE CITY FL 32056  
 US

2. Principal Place of Business

3. Mailing Address

**901 NORTHWEST CENTER AVENUE**

Suite, Apt. #, etc.

City & State

**LAKE CITY, FLORIDA**

City & State

4. FEI Number

**59-1757148**

Applied For

Not Applicable

Zip

**32055**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARSON, LILLIE M**  
**729 EAST LEON STREET**  
**LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Delete
NAME	<b>MERRICK, RACHEL J.</b>	
STREET ADDRESS	<b>1535 LAKE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>JONES, FRED</b>	
STREET ADDRESS	<b>ROUTE 6, BOX 477</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>PEARSON, LILLIE MAE</b>	
STREET ADDRESS	<b>729 EAST LEON STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>LEROY, GEORGE</b>	
STREET ADDRESS	<b>RURAL ROUTE 22, BOX 2412</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, BILLIE</b>	
STREET ADDRESS	<b>ROUTE 8 BOX 472</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>GRAHAM, OZELL</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 287-P</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRICK RACHEL S.</b>	
STREET ADDRESS	<b>1535 LAKE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMSON, NELO</b>	
STREET ADDRESS	<b>237 PATTERSON STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WINSTON MELVIN SR. REV.</b>	
STREET ADDRESS	<b>516 DUANE STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **RACHEL MERRICK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 4, 2002 386-755-5076**  
 Date Daytime Phone #

CR2E037 (9/01)