


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90112 001 \*\*\*\*61.25  
 07-25-2005 90112 002 \*\*\*\*\*8.75

**DOCUMENT # 706981**

1. Entity Name  
**ANNIE MATTOX RECREATION CENTER, INC.**



Principal Place of Business  
 901 NE CENTER AVENUE  
 LAKE CITY, FL 32055 US

Mailing Address  
 PO BOX 1663  
 LAKE CITY, FL 32056 US

**66024985**



2. Principal Place of Business  
 Suits, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1757148**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PEARSON, LILLIE M**  
**451 NE LEON STREET**  
**LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MERRICK, RACHEL J	
STREET ADDRESS	1535 LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, FRED	
STREET ADDRESS	ROUTE 6, BOX 477	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, LILLIE MAE	
STREET ADDRESS	451 NE LEON STREET	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEROY, GEORGE	
STREET ADDRESS	2675 S.W. STATE ROAD #247	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMSON, NELO	
STREET ADDRESS	237 PATTERSON STREET	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTON, MELVIN P JR.	
STREET ADDRESS	1432 GEORGIA STREET	
CITY-ST-ZIP	LAKE CITY, FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Grover A	
STREET ADDRESS	119 NW Holton Ct	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rentz, Lowenda	
STREET ADDRESS	208 S.E. Mary Ella Terr	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willzems, Mary	
STREET ADDRESS	790 N.W. Springdale GIN	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jordan, Bennie	
STREET ADDRESS	3031 N.W. Moore Rd	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Nelo sr	
STREET ADDRESS	249 NE Patterson street	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dove, Jeffrey	
STREET ADDRESS	562 NE Broadway street	
CITY-ST-ZIP	LAKE CITY, FL 32055	

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: \_\_\_\_\_ DATE: **07/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR