

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90091 048 \*\*\*\*70.00

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1757148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  PEARSON, LILLIE M 729 EAST 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 <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: LEWIS, GROVER A STREET ADDRESS: 119 NW HOLTON CT CITY-ST-ZIP: LAKE CITY FL 32055	<input type="checkbox"/> Delete	T NAME: Rentz, Lawanda STREET ADDRESS: 208 S.E. Mary Etta Terrace CITY-ST-ZIP: Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME: JONES, FRED STREET ADDRESS: 1022 SW CR 242A CITY-ST-ZIP: LAKE CITY FL 32025	<input type="checkbox"/> Delete	T NAME: Jordan, Bennie STREET ADDRESS: 3031 N.W. Moore Rd. CITY-ST-ZIP: Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME: PEARSON, LILLIE MAE STREET ADDRESS: 729 EAST LEON STREET CITY-ST-ZIP: LAKE CITY FL 32055	<input type="checkbox"/> Delete	S/T NAME: Wintons, Melvin STREET ADDRESS: 174 S.E. Davie Ct. CITY-ST-ZIP: Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: LEROY, GEORGE STREET ADDRESS: 2675 S.W. STATE ROAD #247 CITY-ST-ZIP: LAKE CITY FL 32024	<input type="checkbox"/> Delete Correction	P NAME: George, Leroy STREET ADDRESS: 2675 S.W. State Road 247 CITY-ST-ZIP: Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: WILLIAMSON, NELO STREET ADDRESS: 237 PATTERSON STREET CITY-ST-ZIP: LAKE CITY FL 32055	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: WILLIAMS, MARY STREET ADDRESS: 790 NW SPRINGDALE LN CITY-ST-ZIP: LAKE CITY FL 32055	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  03/02/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #