


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 050 ****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 <i>Change</i> LAKE CITY, FL 32056 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 1721</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Lake City, FL</i>	
Zip		Zip <i>32056</i>	
Country		Country <i>USA</i>	
4. FEI Number 59-1757148		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 <i>FL</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LP</i> LEWIS, GROVER A 119 NW HOLTON CT LAKE CITY, FL 32055 <i>Change</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> Wintons, Melvin 174 SE Davis Ct Lake City, FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> JONES, FRED 1022 SW CR 242A LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> Rantz, LaWanda 208 SE Mary Etta Terr Lake City, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> PEARSON, LILLIE MAE 729 EAST LEON STREET LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> VANOVER, Deidra 709 S.W. Wilson Street LAKE CITY, FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> GEORGE, LEROY 2675 S.W. STATE ROAD #247 LAKE CITY, FL 32024 <i>Change</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JT</i> Jordan, Bennie 3031 N.W. Moore Road Lake City, FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> WILLIAMSON, NELO 237 PATTERSON STREET LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> WILLIAMS, MARY 790 NW SPRINGDALE LN LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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: <i>[Signature]</i>		President 4/16/08 386-255-6069	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	