

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706981

FILED  
Apr 02, 2010  
Secretary of State

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

**Current Principal Place of Business:**

901 NE CENTER AVENUE  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1721  
LAKE CITY, FL 32056 US

**New Mailing Address:**

FEI Number: 59-1757148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEORGE, LEROY J  
2675 S W STATE ROAD 247  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TT  
Name: WINTONS, MELVIN  
Address: 174 SE DOVER CT  
City-St-Zip: LAKE CITY, FL 32055

Title: T  
Name: JONES, FRED  
Address: 1022 SW CR 242A  
City-St-Zip: LAKE CITY, FL 32025

Title: P  
Name: LEWIS, GROVER  
Address: 119 N W HOLTON COURT  
City-St-Zip: LAKE CITY, FL 32055

Title: T  
Name: GEORGE, LEROY  
Address: 2675 S.W. STATE ROAD #247  
City-St-Zip: LAKE CITY, FL 32024

Title: T  
Name: WILLIAMSON, NELO  
Address: 237 PATTERSON STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: WILLIAMS, MARY  
Address: 790 NW SPRINGDALE LN  
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEROY GEORGE

T

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date