

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91416 039 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1757148**

Applied For  
 Not Applicable

Zip Country

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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MERRICK, RACHEL J</b> <b>1535 LAKE DRIVE</b> <b>LAKE CITY FL 32055</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>Merrick, Rachel J</b> <b>1535 Lake Drive</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>JONES, FRED</b> <b>ROUTE 6, BOX 477</b> <b>LAKE CITY FL 32025</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D</b> <b>Winston, Melvin, Jr Rev.</b> <b>516 Duane street</b> <b>Lake City, FL 32025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>PEARSON, LILLIE MAE</b> <b>729 EAST LEON STREET</b> <b>LAKE CITY FL 32055</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Pearson, Lillie Mae</b> <b>729 East Leon street</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>LEROY, GEORGE</b> <b>RURAL ROUTE 22, BOX 2412</b> <b>LAKE CITY FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>George Leroy</b> <b>Rural Route 22 Box 2412</b> <b>Lake City, FL 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>WILLIAMSON, NELO</b> <b>237 PATTERSON STREET</b> <b>LAKE CITY FL 32055</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Redding, Randy</b> <b>1251 South Carolina Street</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>GRAHAM, OZELL</b> <b>ROUTE 1 BOX 287-P</b> <b>LAKE CITY FL 32055</b>	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 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: **SIGNATURE REQUIRED**

04/23/03 (386) 755-5076

CR2E037 (10/02)