

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706981

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

**Current Principal Place of Business:**

901 NE CENTER AVENUE  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 1721  
LAKE CITY, FL 32056 US

**FEI Number:** 59-1757148

**Certificate of Status Desired:** No

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

AUSTIN, LAWANDA  
7054 SW COUNTY RD 242  
LAKE CITY, FL 32024 US

*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:** LAWANDA AUSTIN

03/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AUSTIN, LAWANDA  
Address        7054 SW COUNTY RD 242  
City-State-Zip: LAKE CITY FL 32024

Title            OTHER  
Name            GEORGE, VANESSA  
Address        930 NE JOE CONEY TER  
City-State-Zip: LAKE CITY FL 32055

Title            SECRETARY  
Name            WILLIAMS, MARY A  
Address        790 NW SPRINGDALE GLN  
City-State-Zip: LAKE CITY FL 32055

Title            TRUSTEE  
Name            NELSON, AL  
Address        399 SW THOMPKN LOOP  
City-State-Zip: LAKE CITY FL 32025

Title            OTHER  
Name            GEORGE, LAVELL  
Address        416 SE EMMIE AVE  
City-State-Zip: LAKE CITY FL 32055

Title            OTHER  
Name            JERNIGAN, DANA  
Address        312 NE PATTERSON AVE  
City-State-Zip: LAKE CITY FL 32055

Title            TRUSTEE  
Name            SMITH, ROBERT JR.  
Address        1540 NW BAUGHN STREET  
City-State-Zip: LAKE CITY FL 32055

Title            TRUSTEE  
Name            WARREN, SYLVESTER III  
Address        930 NE JOE CONEY TERR  
City-State-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:** LAWANDA AUSTIN

PRESIDENT

03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date