

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** Yes

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

LEWIS, GROVER A  
119 NW HOLTON CT  
LAKE CITY, FL 32055 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:** GROVER A LEWIS

06/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title T  
Name LEWIS, GROVER  
Address 119 NW HOLTON CT  
City-State-Zip: LAKE CITY FL 32055

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

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

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

*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:** GROVER A. LEWIS

TRUSTEE

06/29/2018

Electronic Signature of Signing Officer/Director Detail

Date