

2016 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: Yes

Name and Address of Current Registered Agent:

GEORGE, LEROY J
2675 S W STATE ROAD 247
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: _____

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

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

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

TRUSTEE

01/10/2016

Electronic Signature of Signing Officer/Director Detail

Date