

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004232

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC9308549180**

**Entity Name:** THE RICH MATTESON FOUNDATION, INC.

**Current Principal Place of Business:**

14274 CRYSTAL COVE DRIVE SOUTH  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

14274 CRYSTAL COVE DRIVE SOUTH  
JACKSONVILLE, FL 32224 US

**FEI Number: 38-3681272**

**Certificate of Status Desired: Yes**

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

MATTESON, MICHELLE C  
14274 CRYSTAL COVE DRIVE SOUTH  
JACKSONVILLE, FL 32224 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 P  
Name MATTESON, MICHELLE C  
Address 14274 CRYSTAL COVE DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32224

Title D  
Name FRICANO, SAM  
Address 3644 FALLON OAKS DR  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name MULLIKIN DRASHIN, JACQUE  
Address 220 N SERENATA DR VILLA 631  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name ZENTZ, DON  
Address 825 LAPOMA WAY  
City-State-Zip: JACKSONVILLE FL 32259

Title D  
Name NICHOLAS, JIM  
Address 400 EMMETT STREET  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name MATTESON, CHRIS L  
Address 7081 NOBLETON DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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: MICHELLE C MATTESON**

**PRESIDENT**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date