## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000605

Entity Name: RICHARDSON COMMUNITY CENTER/ANNIE MATTOX PARK

(NORTH), INC.

**Current Principal Place of Business:** 

255 NE COACH ANDERS LANE LAKE CITY, FL 32055

**Current Mailing Address:** 

PO BOX 764

LAKE CITY, FL 32056 US

FEI Number: 27-0856505 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PAULK, ZACK 5789 NW SAVANNAH CIRCLE 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: ZACK PAULK 03/21/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title ASST. TREASURER Title OTHER

Name COPPOCK, MARIO Name BAKER, ALVIN J Address 686 NW LONG ST Address 999 NW ZACK DRIVE City-State-Zip: LAKE CITY FL 32055 City-State-Zip: LAKE CITY FL 32055

VΡ Title **SECRETARY** Title

BRACKINS, MARSHA Name JOHNSON, LINARD Name

Address 174 NW TOWERVIEW GLEN Address PO BOX 764

City-State-Zip: LAKE CITY FL 32056 City-State-Zip: LAKE CITY FL 32055

Title **PRESIDENT** Title **TREASURER** Name PAULK, ZACK A PRYCE, BRENDA Name Address PO BOX 764 PO BOX 733 Address

City-State-Zip: LAKE CITY FL 32056 LAKE CITY FL 32056 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ZACK PAULK

**PRESIDENT** 

03/21/2017

Date

**FILED** Mar 21, 2017

**Secretary of State** 

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