2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2025
Secretary of State
0843249844CC

DOCUMENT# N09000000605

Entity Name: RICHARDSON COMMUNITY CENTER, 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: No

Name and Address of Current Registered Agent:

MAGSTADT, TAMMY
255 NE COACH ANDERS LANE
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 01/26/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	JOHNSON, LINARD
Address	174 NW TOWERVIEW GLEN
City-State-Zip:	LAKE CITY FL 32055

Title	PRESIDENT
Name	PAULK, ZACK A
Address	332 SW STONERIDGE DRIVE
City-State-Zip:	LAKE CITY FL 32024

Title	BOARD MEMBER
Name	MOBLEY, PHILIP
Address	1327 NW SCENIC LAKE DR.
City-State-Zip:	LAKE CITY FL 32055

Title	BOARD MEMBER, ASST. TREASURER
Name	GEORGE, JOANNE
Address	1273 S.W. PANTHER PLACE
City-State-Zip:	LAKE CITY FL 32025

Title	SECRETARY
Name	CALLUM, NICOLE
Address	249 SW LAKEVIEW AVE
City-State-Zip:	LAKE CITY FL 32025

Title	BOARD MEMBER, TREASURER
Name	MAGSTADT, TAMMY
Address	229 SW PEACE DR
City-State-Zip:	LAKE CITY FL 32024

Title	BOARD MEMBER
Name	WEATHERSPOON, DEBORAH
Address	518 S.E. ACE LANE
City-State-Zip:	LAKE CITY FL 32025

Title	DIRECTOR
Name	MORGAN, MARQUIS
Address	159 SE KIWI WAY
City-State-Zip:	LAKE CITY FL 32025

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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: TAMMY MAGSTADT TREASURER 01/26/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	TIMMONS, DENEIL
Address	410 SE OLUSTEE AVE.
City-State-Zip:	LAKE CITY FL 32025

Title	DIRECTOR
Name	ROBINSON, LAVON
Address	PO BOX 972
City-State-Zip:	LAKE CITY FL 32056

Title	DIRECTOR
Name	BAKER, ERROL
Address	174 NW TOWER VIEW GLEN
City-State-Zip:	LAKE CITY FL 32055