

**2015 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

03/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | ANDERS, RICHARD         |
| Address         | 628 NW JEFFERSON STREET |
| City-State-Zip: | LAKE CITY FL 32055      |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | BAKER, ALVIN J     |
| Address         | 999 NW ZACK DRIVE  |
| City-State-Zip: | LAKE CITY FL 32055 |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | GEORGE, JOANNE        |
| Address         | 1273 SW PANTHER PLACE |
| City-State-Zip: | LAKE CITY FL 32025    |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | FERRELL, MICHAEL   |
| Address         | 247 SW BIRCH GLEN  |
| City-State-Zip: | LAKE CITY FL 32024 |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | PRYCE, BRENDA      |
| Address         | PO BOX 733         |
| City-State-Zip: | LAKE CITY FL 32056 |

|                 |                    |
|-----------------|--------------------|
| Title           | PRESIDENT          |
| Name            | PAULK, ZACK A      |
| Address         | PO BOX 764         |
| City-State-Zip: | LAKE CITY FL 32056 |

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:** ZACK PAULK

PRESIDENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date