

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005468

Entity Name: LAKE CITY COLUMBIA COMMUNITY TENNIS ASSOCIATION, INC.

FILED
May 15, 2024
Secretary of State
8734098626CC

Current Principal Place of Business:

971 W DUVAL STREET STE 183
LAKE CITY, FL 32055

Current Mailing Address:

971 W. DUVAL STREET,
SUITE 183
LAKE CITY, FL 32055 US

FEI Number: 47-4412838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULL, ROY MICHAEL
1249 SW RIDGE STREET
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: ROY MICHAEL NULL

05/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name NULL, MIKE
Address 1249 SW RIDGE STREET
City-State-Zip: LAKE CITY FL 32024

Title TREASURER, DIRECTOR
Name HINKLE, JOE
Address 153 SW SHANNON STREET
City-State-Zip: LAKE CITY FL 32024

Title VP, SECRETARY, DIRECTOR
Name LINDA WILLIAMS
Address 1999 S. MARION AVE.
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name LAURA HUNTER-NULL
Address 1249 SW RIDGE STREET
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name VIPLAV, LIZA
Address PO BOX 219
City-State-Zip: LAKE CITY FL 32056-0219

Title DIRECTOR
Name VIPLAV, ANJAN
Address PO BOX 219
City-State-Zip: LAKE CITY FL 32056-0219

Title DIRECTOR
Name BELL, TARA
Address 174 NW CLUBVIEW CIRCLE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name CARTER, DEBBI
Address PO BOX 580
City-State-Zip: LIVE OAK FL 32064

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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: ROY MICHAEL NULL

REGISTERED AGENT

05/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BATLLE, JOHN DR.
Address 389 SW CHAPEL HILL STREET
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name RIVERA, NELSON
Address SE BROWN STREET
City-State-Zip: LAKE CITY FL 32025