

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005468

FILED
May 07, 2017
Secretary of State
CC6219758598

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

Current Principal Place of Business:

259 FRANKLIN STREET, STE 101
LAKE CITY, FL 32055

Current Mailing Address:

259 FRANKLIN STREET, STE 101
LAKE CITY, FL 32055

FEI Number: 47-4412838

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUNTER, GLENN
259 N E FRANKLIN ST., STE 101
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROBINSON, (DOLLY) MARY N
Address 392 NW OVERFLOW LAKE DRIVE
City-State-Zip: LAKE CITY FL 32055

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

Title DIRECTOR
Name HUNTER, GLENN
Address 1288 RIVERSIDE AVE.
City-State-Zip: FT. WHITE FL 32038

Title VPD
Name LEAR, JOHN
Address 106 NW LIVE OAK PLACE
City-State-Zip: LAKE CITY FL 32055

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

Title D
Name MOORE, TOM
Address 16511 JEWETT STREET
City-State-Zip: WHITE SPRINGS FL 32096

Title DIRECTOR
Name MONTGOMERY, JAMES
Address 229 SE OLD MANSE GLEN
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name LINDA WILLIAMS
Address 1999 S. MARION AVE.
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: (DOLLY) MARY N. ROBINSON

P/D

05/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARCIA KAZMIERSKI
Address 600 NW CLUBVIEW CIRCLE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name LAURA HUNTER
Address 1288 RIVERSIDE AVE
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name ANJAN VIPLAV
Address 1361 SW SISTERS WELCOME ROAD
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name ADAM CROCKER
Address 833 SW BISCAYNE
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 RICHARD JOHNSON
Address 151 SE BUTLER GLEN
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name RECIE DAVIS
Address PO BOX 987
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name NELSON RIVERA
Address 1318 E CAMP STREET
City-State-Zip: LAKE CITY FL 32055