

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

DOCUMENT # N03000004232

1. Entity Name

THE RICH MATTESON FOUNDATION, INC.



03-10-2004 90042 001 ****61.25

03-10-2004 90042 002 *****8.75

66405225



MOORE CR2E037 (11/03)

Principal Place of Business Mailing Address
PO BOX 50051 PO BOX 50051
JACKSONVILLE BEACH FL 32240 JACKSONVILLE BEACH FL 32240

2. Principal Place of Business
14274 Crystal Cove Dr. S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL.

City & State

4. FEI Number **38-3681272**

Applied For
Not Applicable

Zip
32224

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTESON, MICHELLE C
14274 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
MATTESON, MICHELLE C
STREET ADDRESS 14274 CRYSTAL COVE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
D Sam Fricano
STREET ADDRESS 3644 Fairlane Oaks Drive
CITY-ST-ZIP Jacksonville, FL 32211

TITLE NAME ☐ Change ☒ Addition
D Mrs. Jackie Mullikin Drashin
STREET ADDRESS 220 N. Serenata Drive, Villa 631
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE NAME ☐ Change ☒ Addition
D Don Zentz
STREET ADDRESS 745 Austin Place
CITY-ST-ZIP Jacksonville, FL 32259

TITLE NAME ☐ Change ☒ Addition
D Jim Nicholas
STREET ADDRESS 576 Valley Forge Road North
CITY-ST-ZIP Neptune Beach, FL 32266

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle C. Matteson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 904-223-7716
Date Daytime Phone #