

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25228** (0)
1. Corporation Name
MASON CITY COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
MARGIE MARKHAM
RT. 2 BOX 370 LAKE CITY FL 32024

3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **09/09/1995**
4. FEI Number **59-2892722** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
THOMAS, DUANE E.
101 E. MADISON STREET
LAKE CITY FL 32056-2137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
204 South Marion street
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHARLIE H. CRAWFORD	
STREET ADDRESS	RT. 2 BOX 361	
CITY - ST - ZIP	LAKE CITY FL 32024	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DICKS, HARRY G	
STREET ADDRESS	RT. 1 BOX 130	
CITY - ST - ZIP	LAKE CITY FL 32061	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARKHAM, MARGIE LOU	
STREET ADDRESS	RT. 2 BOX 370	
CITY - ST - ZIP	LAKE CITY FL 32024	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATES, JOE N	
STREET ADDRESS	RT. 3	
CITY - ST - ZIP	LAKE CITY FL 32054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VALERIEW, RYALS W	
STREET ADDRESS	RT 3 BOX 316	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM F.	
STREET ADDRESS	RT 3 BOX 364C N/A	
CITY - ST - ZIP	LAKE CITY FL 32025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Crawford, Charlie H.
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Ryals, Valerie W.
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margie Markham 1-29-96 (904) 752-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X1286

CR2E037 (12/95)