

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State



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

NONPROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # N25228 (0)
 1. Corporation Name

MASON CITY COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
MARGIE MARKHAM **MARGIE MARKHAM**
RT. 2 BOX 370 **RT. 2 BOX 370**
LAKE CITY FL 32024 **LAKE CITY FL 32024-9635**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/03/1988 **02/02/1996**

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2b. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2892722	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
THOMAS, DUANE E. 204 SOUTH MARION STREET LAKE CITY FL 32056-2137		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, CHARLIE H.		1.2 NAME		
STREET ADDRESS	RT. 2 BOX 361		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKS, HARRY G		2.2 NAME		
STREET ADDRESS	RT. 1 BOX 130		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32081		2.4 CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKHAM, MARGIE LOU		3.2 NAME		
STREET ADDRESS	RT. 2 BOX 370		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		3.4 CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATES, JOE N		4.2 NAME		
STREET ADDRESS	RT. 3		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32054		4.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYALS, VALERIE W.		5.2 NAME		
STREET ADDRESS	RT 3 BOX 316		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		5.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, WILLIAM F.		6.2 NAME		
STREET ADDRESS	RT 3 BOX 364C N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		6.4 CITY-ST-ZIP		

14. I do 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 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.

M. Mortham *d. 120/120/20* **x1286**

CR2E037 (9/96)