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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25228

1. Corporation Name
MASON CITY COMMUNITY CENTER, INC.

Principal Place of Business MARGIE MARKHAM RT. 2 BOX 370 LAKE CITY FL 32024	Mailing Address MARGIE MARKHAM RT. 2 BOX 370 LAKE CITY FL 32024
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2892722
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ (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	vice President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, CHARLIE H.	1.2 NAME	John Cloud
STREET ADDRESS	RT. 2 BOX 361	1.3 STREET ADDRESS	Route 3, Box 353
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	Lake City, FL 32025
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 32061	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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, CLIFFORD G	4.2 NAME	
STREET ADDRESS	RT 3, BOX 646	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	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 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, with all other like empowered.

SIGNATURE: *Margie Markham* SIGNATURE REQUIRED Margie Markham 2/22/99 (904)752-1822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X1286

CR2E037 (1/1/98)