

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 026 ****61.25

DOCUMENT # N25228

1. Entity 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 32024-9635
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2892722		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent THOMAS, DUANE E. 204 SOUTH MARION STREET LAKE CITY FL 32056-2137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
PD CRAWFORD, CHARLIE H. RT. 2 BOX 361 LAKE CITY FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM F. ROUTE 3, BOX 364C N/A Lake City, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD DICKS, HARRY G RT. 1 BOX 130 LAKE CITY FL 32061	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICKS, CLIFFORD ROUTE 3, BOX 646 LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD MARKHAM, MARGIE LOU RT. 2 BOX 370 LAKE CITY FL 32024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, DAISY MAE ROUTE 7, BOX 391 LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DICKS, CLIFFORD G RT 3, BOX 646 LAKE CITY FL 32025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, HARRY G. ROUTE 1, BOX 130 LULU, FL 32061	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D RYALS, VALERIE W. RT 3 BOX 316 LAKE CITY FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BROWN, WILLIAM F. RT 3 BOX 364C N/A LAKE CITY FL 32025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARGIE MARKHAM DATE: 4/12/00 (904) 752-1822 x1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)