


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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90061 026 ****61.25

DOCUMENT # N25228			
1. Entity Name MASON CITY COMMUNITY CENTER, INC.			
Principal Place of Business MARGIE MARKHAM RT 29 BOX 1005 LAKE CITY FL 32024		Mailing Address MARGIE MARKHAM RT 29 BOX 1005 LAKE CITY FL 32024 <i>see new Address</i>	
2. Principal Place of Business <i>Margie Markham</i>		3. Mailing Address <i>833 SW Markham Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lake City FL</i>		4. FEI Number 59-2892722	
Zip <i>32024</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, DUANE E. 204 SOUTH MARION STREET LAKE CITY FL 32056-2137 <i>see new street Address</i>		7. Name and Address of New Registered Agent Name <i>Thomas Duane E.</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 South Marion Ave</i> City <i>Lake City</i> FL Zip Code <i>32056</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROGERS, CLARENCE ROUTE 2, BOX 327 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD MARKHAM, MARGIE LOU RT. 29 BOX 1005 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD JONES, DAISY M ROUTE 7, BOX 391 LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RYALS, VALERIE W. RT 3 BOX 316 LAKE CITY FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP DICKS, HARRY G ROUTE 1 BOX 130 LULU FL 32061 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Harry Dicks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date

Daytime Phone #