


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90016 015 \*\*\*\*61.25

<b>DOCUMENT # N25228</b>					
1. Entity Name <b>MASON CITY COMMUNITY CENTER, INC.</b>					
Principal Place of Business <b>MARGIE MARKHAM 833 SW MARKHAM STREET LAKE CITY FL 32024</b>			Mailing Address <b>MARGIE MARKHAM 833 SW MARKHAM STREET LAKE CITY FL 32024</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2892722</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THOMAS, DUANE E. 206 SOUTH MARION STREET LAKE CITY FL 32056</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, CLARENCE		NAME	Thomas Markham	
STREET ADDRESS	230 SOUTHWEST BUCKLEY LANE		STREET ADDRESS	4406 SE CR 252	
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<del>Director</del> VICE PRES. B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, CLIFFORD		NAME	E. Ward Crawford	
STREET ADDRESS	339 SOUTHWEST COUNTY ROAD 240		STREET ADDRESS	618 SE Ward Crawford Ct.	
CITY-ST-ZIP	LAKE CITY FL 32025		CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKHAM, MARGIE LOU		NAME		
STREET ADDRESS	833 SOUTHWEST MARKHAM STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAISY M		NAME		
STREET ADDRESS	4515 EAST UNITED STATES HIGHWAY 90		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYALS, VALERIE W.		NAME		
STREET ADDRESS	709 SOUTHEAST ORMOND WITT ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, HARRY G		NAME		
STREET ADDRESS	1676 SOUTHEAST FAMILY ROAD		STREET ADDRESS		
CITY-ST-ZIP	LULU FL 32061		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 K. Markham* 5-1-06 386-752-1494