

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 027 ****61.25

DOCUMENT # N25228
 1. Entity Name
MASON CITY COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
MARGIE MARKHAM **MARGIE MARKHAM**
833 SW MARKHAM STREET **833 SW MARKHAM STREET**
LAKE CITY FL 32024 **LAKE CITY FL 32024**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2892722** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THOMAS, DUANE E.
206 SOUTH MARION STREET
LAKE CITY FL 32056

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, CLARENCE	
STREET ADDRESS	230 SOUTHWEST BUCKLEY LANE	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKHAM, THOMAS	
STREET ADDRESS	4406 SE CR 252	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKHAM, MARGIE LOU	
STREET ADDRESS	833 SOUTHWEST MARKHAM STREET	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, DAISY M	
STREET ADDRESS	4515 EAST UNITED STATES HIGHWAY 90	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS, VALERIE W.	
STREET ADDRESS	709 SOUTHEAST ORMOND WITT ROAD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DICKS, HARRY G	
STREET ADDRESS	1676 SOUTHEAST FAMILY ROAD	
CITY-ST-ZIP	LULU FL 32061	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crawford, Ward	
STREET ADDRESS	618 SE Ward Crawford Ct.	
CITY-ST-ZIP	Lake City, FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 2-6-07 386-752-1494