


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 004 \*\*\*\*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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

1st MOORE CR2E037 (10/07)

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

4. FEI Number <b>59-2892722</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (if used when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

**Make Check Payable to Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Eugene Ward Crawford</b> <b>618 SE Ward Crawford Ct.</b> <b>Lake City, FL 32024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Horne, Elizabeth (Liz)</b> <b>P.O. Box 1645</b> <b>Lake City, FL 32056-1645</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bass, Dustin (Director)</b> <b>289 SW Margarita Glen</b> <b>Lake City, FL 32025</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 L. Markham 4/14/08