2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25228

1. Entity Name



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90099 016 ****61.25

MASON CITY COMMUNITY CENTER, INC.						2000			
Principal Place MARGIE MARK RT 29 BOX 10 LAKE CITY FL	005	Mailing Address MARGIE MARKHAM RT 29 BOX 1005 LAKE CITY FL 32024	'		 	FOL ORIGIN (1810 X100) 1511	BIBTI BIBII BIBII BIBII BI	ON OFFICERS	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			· ·	CHECK HERE IF N	MAKING CHANGES	3	
City & State		City & State	City & State		4. FEI Number 59-2892722		├	pplied For	
Zip	Country	Zip	ip Country					8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u></u>		_7Name and Add	ress of New Regis	stered Agent		
			Name	,					
	i, Duane e. Ith Marion Street		Street Address			(P.O. Box Number is Not Acceptable)			
LAKE CIT	TY FL 32056-2137		City			1 2 2 2 2 20 20 20 20 20 20 20 20 20 20 2	FL Zip Coo	de	
9. The chave	a company and the statement for	and the common of the common its				the Charact Florida			
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registerea office	or registere	ed agent, or both, in	the State of Florida	. Tam tamiliar with,	, and accept	
					•				
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	nature required	when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered agent and title		-	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
I	FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	Trust Fund C			\$5.00 May Be Added to Fees	Florida i	Department of	State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D BROWN, WILLIAM F RT 3 BOX 364	Trust Fund C	11. TITLE NAME STREET ADDRESS	Dia Rou	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dia Rou	Added to Fees ADDITIONS/CHANG	Florida I	Department of AND DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Dia Rou	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Cla Rou Las	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Cla Rou Las	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD MARKHAM, MARGIE LOU	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cla Rou Lai	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change 2.4 Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD MARKHAM, MARGIE LOU RT. 29 BOX 1005	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D Cla Rou Lai	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change 2.4 Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD MARKHAM, MARGIE LOU RT. 29 BOX 1005 LAKE CITY FL 32024	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	D Cla Rou Lai	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change Change	N 10 Addition Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD MARKHAM, MARGIE LOU RT. 29 BOX 1005 LAKE CITY FL 32024 TD JONES, DAISY M ROUTE 7, BOX 391 LAKE CITY FL 32055 D RYALS, VALERIE W. RT 3 BOX 316	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pia Rou Lai	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change Change Change	N 10 Addition Addition Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM F RT 3 BOX 364 LAKE CITY FL 32025 VPD DICKS, CLIFFORD RT 28 BOX 646 LAKE CITY FL 32025 SD MARKHAM, MARGIE LOU RT. 29 BOX 1005 LAKE CITY FL 32024 TD JONES, DAISY M ROUTE 7, BOX 391 LAKE CITY FL 32055 D RYALS, VALERIE W. RT 3 BOX 316 LAKE CITY FL DP DICKS, HARRY G	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Pia Rou Lai	Added to Fees ADDITIONS/CHANG rence Ro Lee 2, Bo	Florida I ES TO OFFICERS A OGENS OX 327	Department of AND DIRECTORS IN Change Change Change	N 10 Addition Addition Addition	
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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:

1-28-03 386-752-1494