

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

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90099 016 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2892722**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DUANE E.  
204 SOUTH MARION STREET  
LAKE CITY FL 32056-2137**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, WILLIAM F</b>	
STREET ADDRESS	<b>RT 3 BOX 364</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DICKS, CLIFFORD</b>	
STREET ADDRESS	<b>RT 28 BOX 646</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MARKHAM, MARGIE LOU</b>	
STREET ADDRESS	<b>RT. 29 BOX 1005</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, DAISY M</b>	
STREET ADDRESS	<b>ROUTE 7, BOX 391</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RYALS, VALERIE W.</b>	
STREET ADDRESS	<b>RT 3 BOX 316</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>DICKS, HARRY G</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 130</b>	
CITY-ST-ZIP	<b>LULU FL 32061</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Clarence Rogers</b>	
STREET ADDRESS	<b>Route 2, Box 327</b>	
CITY-ST-ZIP	<b>Lake City, FL 32024</b>	
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	<b>President DICKS, HARRY G.</b>	
STREET ADDRESS	<b>Route 1, Box 130</b>	
CITY-ST-ZIP	<b>Lulu, FL 32061</b>	

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: *[Signature]*

1-28-03 386-752-1494

CR2E037 (10/02)