

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25228

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**1206606929CC**

**Entity Name:** MASON CITY COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

EMILY A. HARDEN  
9243 NW CO. RD. 241  
LAKE BUTLER, FL 32054

**Current Mailing Address:**

EMILY A . HARDEN  
9243 NW COUNTY RD 241  
LAKE BUTLER, FL 32054 US

**FEI Number:** 59-2892722

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, DUANE E.  
206 SOUTH MARION STREET  
LAKE CITY, FL 32056 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name HORNE, ELIZABETH P  
Address P O BOX 1645  
City-State-Zip: LAKE CITY FL 32056

Title D  
Name RYALS, VALERIE W.  
Address 709 SOUTHEAST ORMOND WITT ROAD  
City-State-Zip: LAKE CITY FL

Title PD  
Name DICKS, HARRY G  
Address 1676 SOUTHEAST FAMILY ROAD  
City-State-Zip: LULU FL 32061

Title TD  
Name DEVEREUX, GLORIA A  
Address 3628 S.E HIGH FALLS RD  
City-State-Zip: LAKE CITY FL 32025

Title D  
Name WITT, ANDY  
Address 1129 S.E ORMOND WITT RD.  
City-State-Zip: LAKE CITY FL 32025

Title D  
Name FOUNTAIN, FRITZ  
Address 597 N.W. RODEO CT.  
City-State-Zip: LAKE CITY FL 32055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLORIA DEVEREUX

**TREASURER**

**01/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date