

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25228

Entity Name: MASON CITY COMMUNITY CENTER, INC.

Current Principal Place of Business:

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

FILED
Mar 14, 2017
Secretary of State
CC2415743819

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 A. DEVEREUX

TREASURER

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date