

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25228

Entity Name: MASON CITY COMMUNITY CENTER, INC.

FILED
May 03, 2016
Secretary of State
CC3880465419

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 MARKHAM, THOMAS
Address 4406 SE CR 252
City-State-Zip: LAKE CITY FL 32025

Title SD
Name MARKHAM, MARGIE LOU
Address 833 SOUTHWEST MARKHAM STREET
City-State-Zip: LAKE CITY FL 32024

Title TD
Name JONES, DAISY M
Address 4515 EAST UNITED STATES
HIGHWAY 90
City-State-Zip: LAKE CITY FL 32055

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

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: DAISY MAE JONES

TREASURER

05/03/2016

Electronic Signature of Signing Officer/Director Detail

Date