

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002978

1. Entity Name
THOMAS COMMUNITY CENTER, INC.



Principal Place of Business
**18140 N. HWY 329
REDDICK, FL 32686**

Mailing Address
**8341 W HWY 318
REDDICK, FL 32686**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, GEORGE E
8341 W HIGHWAY 318
REDDICK, FL 32686**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1101101349669
02/01/06-80022-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SMITH, GEORGE E
STREET ADDRESS	8341 W HWY 318
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	BREWER, MEHOGANY
STREET ADDRESS	9601 W HIGHWAY 318
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	RANSAW, REUBEN
STREET ADDRESS	18920 N HWY 329
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	DUNCAN, WILLIE
STREET ADDRESS	10344 NW 177TH PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	THOMAS, DETRA
STREET ADDRESS	15275 NW GAINESVILLE RD
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	HAYES, MARY
STREET ADDRESS	19880 HWY 329 HWY
CITY-ST-ZIP	MICANOPY, FL 32667

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George E. Smith* **George E. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06 **1-20-06** *352-591-1312*

Date

Daytime Phone #