

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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**



01162007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
SMITH, GEORGE E
8341 W HWY 318
REDDICK, FL 32686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREWER, MEHOGANY
9601 W HIGHWAY 318
REDDICK, FL 32686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RANSAW, REUBEN
18920 N HWY 329
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUNCAN, WILLIE
10344 NW 177TH PLACE
REDDICK, FL 32686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, DETRA
15275 NW GAINESVILLE RD
REDDICK, FL 32686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, MARY
19880 HWY 329 HWY
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 1/22/07 352-591-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #