


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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
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02202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

U00000836272
03/04/08-80009-013 61.25

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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 2/14/08 352-591-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #