

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90056 038 \*\*\*\*61.25

**DOCUMENT # N25228**

1. Entity Name

**MASON CITY COMMUNITY CENTER, INC.**



Principal Place of Business

**MARGIE MARKHAM  
833 SW MARKHAM STREET  
LAKE CITY FL 32024**

Mailing Address

**MARGIE MARKHAM  
833 SW MARKHAM STREET  
LAKE CITY FL 32024**

40010000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2892722**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DUANE E.  
206 SOUTH MARION STREET  
LAKE CITY FL 32056**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, CLARENCE	
STREET ADDRESS	ROUTE 2, BOX 327	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DICKS, CLIFFORD	
STREET ADDRESS	RT 28 BOX 646	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKHAM, MARGIE LOU	
STREET ADDRESS	RT. 29 BOX 1005	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, DAISY M	
STREET ADDRESS	ROUTE 7, BOX 391	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS, VALERIE W.	
STREET ADDRESS	RT 3 BOX 316	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DICKS, HARRY G	
STREET ADDRESS	ROUTE 1 BOX 130	
CITY-ST-ZIP	LULU FL 32061	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	230 SW Buckley Lane	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	339 SW CR 240	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	833 SW Markham Street	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4515 E US Hwy 90	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	709 SE Ormond Witt Rd.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1676 SE Family Rd.	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Harry Dicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05 386-752-1494