

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90016 015 \*\*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2892722**

Applied For

Not Applicable

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 reinstating)

DATE

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2006**

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** ☐ Delete  
NAME **ROGERS, CLARENCE**  
STREET ADDRESS **230 SOUTHWEST BUCKLEY LANE**  
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **VPD** ☒ Delete  
NAME **DICKS, CLIFFORD**  
STREET ADDRESS **339 SOUTHWEST COUNTY ROAD 240**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **SD** ☐ Delete  
NAME **MARKHAM, MARGIE LOU**  
STREET ADDRESS **833 SOUTHWEST MARKHAM STREET**  
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **TD** ☐ Delete  
NAME **JONES, DAISY M**  
STREET ADDRESS **4515 EAST UNITED STATES HIGHWAY 90**  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete  
NAME **RYALS, VALERIE W.**  
STREET ADDRESS **709 SOUTHEAST ORMOND WITT ROAD**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE **DP** ☐ Delete  
NAME **DICKS, HARRY G**  
STREET ADDRESS **1676 SOUTHEAST FAMILY ROAD**  
CITY-ST-ZIP **LULU FL 32061**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **Thomas Markham**  
STREET ADDRESS **4406 SE CR 252**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **~~Director~~ VICE PRES.** ☐ Change ☐ Addition  
NAME **E. Ward Crawford**  
STREET ADDRESS **618 SE Ward Crawford Ct.**  
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margie K. Markham*

*5-1-06 386-752-1494*