2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N25228

Entity Name: MASON CITY COMMUNITY CENTER, INC.

Current Principal Place of Business:

MARGIE MARKHAM
833 SW MARKHAM STREET
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

MARGIE MARKHAM
833 SW MARKHAM STREET
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 59-2892722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ROGERS, CLARENCE	
Address:	230 SOUTHWEST BUCKLEY LANE	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	MARKHAM, THOMAS	
Address:	4406 SE CR 252	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	SD	( ) Delete
Name:	MARKHAM, MARGIE LOU,	
Address:	833 SOUTHWEST MARKHAM STREET	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	TD	( ) Delete
Name:	JONES, DAISY M	
Address:	4515 EAST UNITED STATES HIGHWAY 90	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	D	( ) Delete
Name:	RYALS, VALERIE W.	
Address:	709 SOUTHEAST ORMOND WITT ROAD	
City-St-Zip:	LAKE CITY, FL	
Title:	DP	( ) Delete
Name:	DICKS, HARRY G	
Address:	1676 SOUTHEAST FAMILY ROAD	
City-St-Zip:	LULU, FL 32061	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAISY MAE J0NES TREA 02/10/2009
Electronic Signature of Signing Officer or Director — Date