

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002885

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** MIDTOWN COMMERCIAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 3566  
LAKE CITY, FL 32056

**New Principal Place of Business:**

P.O. BOX 836  
WELLBORN, FL 32094

**Current Mailing Address:**

P.O. BOX 3566  
LAKE CITY, FL 32056

**New Mailing Address:**

P.O. BOX 836  
WELLBORN, FL 32094

**FEI Number:** 59-3634150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPARKS, CHARLES S  
2806 W. US. HWY 90, STE 101  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

WILLIAMS, TIMOTHY W  
3302 106TH STREET  
WELLBORN, FL 32094 US

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: TIMOTHY W. WILLIAMS

01/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPARKS, CHARLES S  
Address: P.O. BOX 3566 N/A  
City-St-Zip: LAKE CITY, FL 32056

Title: STD (X) Delete  
Name: STEWART, SCOTT D  
Address: P.O. BOX 1208 N/A  
City-St-Zip: LAKE CITY, FL 32056

Title: D (X) Delete  
Name: CADY, MARK  
Address: P.O. BOX 1012 N/A  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, TIMOTHY W  
Address: P.O. BOX 836  
City-St-Zip: WELLBORN, FL 32094

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 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: TIMOTHY W. WILLIAMS

PD

01/30/2006

Electronic Signature of Signing Officer or Director

Date