


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000002885		
1. Entity Name MIDTOWN COMMERCIAL CENTER OWNERS ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 836 WELLBORN, FL 32094	Mailing Address P.O. BOX 836 WELLBORN, FL 32094
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAR 28 PM 4:05
ATLANTA, FLORIDA



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3634150	Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
WILLIAMS, TIMOTHY W 3302 106TH STREET WELLBORN, FL 32094		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, TIMOTHY W		NAME				
STREET ADDRESS	P.O. BOX 836		STREET ADDRESS				
CITY-ST-ZIP	WELLBORN, FL 32094		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Josh Nickelson			
STREET ADDRESS			STREET ADDRESS	197 SW Waterford Ct Ste 103			
CITY-ST-ZIP			CITY-ST-ZIP	Lake City FL 32055			
TITLE		<input type="checkbox"/> Delete	TITLE	T/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Isaac Bratkovich			
STREET ADDRESS			STREET ADDRESS	PO Box 3263			
CITY-ST-ZIP			CITY-ST-ZIP	Lake City FL 32056			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Craig Nickelson			
STREET ADDRESS			STREET ADDRESS	197 SW Waterford Ct Ste 101			
CITY-ST-ZIP			CITY-ST-ZIP	Lake City FL 32055			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	John Hopkins			
STREET ADDRESS			STREET ADDRESS	1518 US90 W			
CITY-ST-ZIP			CITY-ST-ZIP	Lake City, FL 32055			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 or without other power.

SIGNATURE: 	Timothy Williams	386	3/14/06	590 9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	