2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N98000002885

Entity Name: MIDTOWN COMMERCIAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 836
WELLBORN, FL 32094

New Principal Place of Business:

3196 104TH STREET
WELLBORN, FL 32094

Current Mailing Address:

P.O. BOX 836
WELLBORN, FL 32094

New Mailing Address:

FEI Number: 59-3634150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMS, TIMOTHY W
3196 104TH 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: _____ 02/05/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: V ( ) Delete
Name: NICKELSON, JOSH
Address: 197 SW WATERFORD CT, STE 103
City-St-Zip: LAKE CITY, FL 32055

Title: TS ( ) Delete
Name: BRATKOVICH, ISAAC
Address: P.O. BOX 8263
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete
Name: NICKELSON, CRAIG
Address: 197 SW WATERFORD CT STE 101
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: HOPKINS, JOHN
Address: 1518 US 90 W
City-St-Zip: LAKE CITY, FL 32055

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:

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 02/05/2007
Electronic Signature of Signing Officer or Director — Date