

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002885

FILED  
Mar 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3196 104TH STREET  
WELLBORN, FL 32094

**New Principal Place of Business:**

**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  
3196 104TH STREET  
WELLBORN, FL 32094 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: 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 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

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date