

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002298

**Entity Name:** MADISON COUNTY RECREATION ASSOCIATION INC.

**Current Principal Place of Business:**

243 S W ARNOLD ST.  
MADISON, FL 32340

**Current Mailing Address:**

243 S W ARNOLD ST.  
MADISON, FL 32340

**FEI Number:** 59-6215265

**Certificate of Status Desired:** No

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

MOBLEY, RAY DR.  
7298 WATERCREEK LN  
TALLAHASSEE, FL 32309 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:** RAY MOBLEY

02/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOBLEY, RAY DR.  
Address        7298 WINTERCREEK LN  
City-State-Zip: TALLAHASSEE FL 32309

Title            VPD  
Name            WILLIAMS, JADA  
Address        421 SW HORRY AVENUE  
City-State-Zip: MADISON FL 32340

Title            DR  
Name            WILLIAMS, JOHN  
Address        10400 FOREST LAKE  
City-State-Zip: TERRANCE MITCHVILLE FL 32340

Title            DIRECTOR  
Name            RICHARDSON, ROSA  
Address        259 NE BAMBRO TRL.  
City-State-Zip: MADISON FL 32340

Title            FINANCIAL SECRETARY  
Name            RICHARDSON, OZIE  
Address        114 SW TOLA MCKINNEY DRIVE  
City-State-Zip: MADISON FL 32340

Title            SECRETARY  
Name            THOMPkins, TARNISHA  
Address        P.O. BOX 424  
City-State-Zip: MADISON FL 32341

Title            DR  
Name            ROWE, JOE A JR.  
Address        185 SE POPE AVE  
City-State-Zip: MADISON FL 32340

Title            TREASURER  
Name            JOHNSON, TAMARA  
Address        122 NE JOAN AVE.  
City-State-Zip: MADISON FL 32340

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROSA RICHARDSON

**DIRECTOR**

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date