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Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721174** **(1)**

1. Corporation Name
SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.

Principal Place of Business	Mailing Address
400 SW RUTLEDGE ST MADISON FL 32340	PO BOX 204 MADISON FL 32341-0204 US

3. Date Incorporated or Qualified: **06/16/1971**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: **23-7097794** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, ROSA
400 SW RUTLEDGE ST
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rosa Richardson, Executive Director DATE 8-5-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, MARIE		1.2 NAME		
STREET ADDRESS	1308 BROOKWOOD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, MARYBELLE		2.2 NAME		
STREET ADDRESS	601 EAST SMITH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		2.4 CITY-ST-ZIP		
TITLE	ASD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN, BETTY		3.2 NAME		
STREET ADDRESS	103 W BASE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	KIRKLAND, MICHAEL		4.2 NAME	Bernice Bodenstine	
STREET ADDRESS	304 BROAD		4.3 STREET ADDRESS	Rt. 1 Box 86-B	
CITY-ST-ZIP	LEE FL		4.4 CITY-ST-ZIP	Madison, Fl.	
TITLE	PD	☐ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	BELL, MARIE		5.2 NAME	Bell, Marie	
STREET ADDRESS	1308 BROOKWOOD STREET		5.3 STREET ADDRESS	1308 Brookwood Street	
CITY-ST-ZIP	MADISON FL		5.4 CITY-ST-ZIP	Madison, Fl.	
TITLE	PD	☑ DELETE	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	VANN, BETTY		6.2 NAME	Vann, Betty	
STREET ADDRESS	603 W BASE ST		6.3 STREET ADDRESS	Route 5, Box 6362	
CITY-ST-ZIP	MADISON FL		6.4 CITY-ST-ZIP	Madison, Fl.	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Rosa Richardson, Executive Director 8-5-97