FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Mar 02 1998 8:00am
Secretary of State

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 US

3. Date Incorporated or Qualified: 06/16/1971

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDSON, ROSA 400 SW RUTLEDGE ST MADISON FL 32340	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☑ DELETE	1.1 TITLE	VPD	☐ Change ☑ Addition
NAME	JAMES, MARYBELLE		1.2 NAME	James T. Stephens	
STREET ADDRESS	601 EAST SMITH ST		1.3 STREET ADDRESS	P.O. Box 234 N-A	
CITY-ST-ZIP	MADISON FL		1.4 CITY-ST-ZIP	Greenville, Fl. 32331	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	BODENSTINE, BERNICE		2.2 NAME	Bernice Bodenstein	
STREET ADDRESS	RT 1 BOX 86-B		2.3 STREET ADDRESS	Rt. 1, Bx 86-B	
CITY-ST-ZIP	MADISON FL		2.4 CITY-ST-ZIP	Madison, Fl. 32340	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	BELL, MARIE		3.2 NAME	Marie Bell	
STREET ADDRESS	1308 BROOKWOOD STREET		3.3 STREET ADDRESS	1308 Brookwood Street	
CITY-ST-ZIP	MADISON FL		3.4 CITY-ST-ZIP	Madison, Fl. 32340	
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
NAME	VANN, BETTY		4.2 NAME	Betty Vann	
STREET ADDRESS	RT 5 BOX 6362		4.3 STREET ADDRESS	Rt. 5, Bx 6362	
CITY-ST-ZIP	MADISON FL		4.4 CITY-ST-ZIP	Madison, Fl. 32340	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

$3/2/98

CR2E037 (10/97)

14. I 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.

DEP 61.25

(850) 973-4241

SIGNATURE: Rosa Richardson 1/21/98