2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005
Secretary of State

DOCUMENT# 721174

Entity Name: SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.

Current Principal Place of Business:

400 SW RUTLEDGE ST
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 204
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 23-7097794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, ROSA
400 SW RUTLEDGE ST
MADISON, FL 32340 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:	TD	( ) Delete
Name:	BODENSTINE, BERNICE	
Address:	RT 1 BOX 86-B	
City-St-Zip:	MADISON, FL	
Title:	SD	( ) Delete
Name:	BELL, MARIE,	
Address:	1308 BROOKWOOD STREET	
City-St-Zip:	MADISON, FL	
Title:	PD	( ) Delete
Name:	VANN, BETTY	
Address:	RT 5 BOX 6362	
City-St-Zip:	MADISON, FL	
Title:	VPD	( ) Delete
Name:	MAYBELLE, JAMES	
Address:	601 E SMITH STREET	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	DANIELS, REGINALD	
Address:	PO BOX 975	
City-St-Zip:	MADISON, FL 32341	
Title:	D	( ) Delete
Name:	WILLIAM, ANDREW	
Address:	PO BOX 975	
City-St-Zip:	MADISON, FL 32340	

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:	
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 Section 119.07(3)(i), 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: ROSA RICHARDSON E. D 07/22/2005

Electronic Signature of Signing Officer or Director — Date