2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90025 009 ****61.25

DOCUMENT # 721174

1. Entity 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

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, ROSA 400 SW RUTLEDGE ST MADISON, FL 32340	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BODENSTINE, BERNICE RT 1 BOX 86-B MADISON, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Treasurer~~ Opie Peavy Rt. 4. Box 6012 madison, Fl. 32340 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VPD BELL, MARIE 1308 BROOKWOOD STREET (change) MADISON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Howard Phillips 403 SE Ravenwood Way Madison, Florida 32340 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VANN, BETTY RT 5 BOX 6362 MADISON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joe Peavy Rt. 4, Box 6014 Madison, Florida 32340 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAYBELLE, JAMES 601 E SMITH STREET MADISON, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Elesta Pritchett P.O. Box 252 Greenville, Florida 32331 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, REGINALD PO BOX 975 MADISON, FL 32341	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Early Anderson P.O. Box 755 Madison, Florida 32340 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM, ANDREW PO BOX 975 MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Troy Ellis 6156 SE Farm Rd. Lee, Florida 32059 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rosa Richardson 01-09-2006 850-973-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #