

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 721174

FILED  
Dec 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

486 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 (X)**  
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:**

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

RICHARDSON, ROSA  
486 SW RUTLEDGE ST  
MADISON, FL 32340 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: ROSA RICHARDSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: PEAUV, OPIE  
Address: RT. 4 BOX 6012  
City-St-Zip: MADISON, FL 32340

Title: VPD ( ) Delete  
Name: BELL, MARIE  
Address: 1308 BRUNKWORD STREET  
City-St-Zip: MADISON, FL 32340

Title: PD ( ) Delete  
Name: VANN, BETTY  
Address: RT 5 BOX 6362  
City-St-Zip: MADISON, FL

Title: S ( ) Delete  
Name: PRITCHETT, ELESTA  
Address: P.O. BOX 252  
City-St-Zip: GREENVILLE, FL 32331

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: VPD (X) Change ( ) Addition  
Name: JAMES RAY  
Address: P. O. BOX 763  
City-St-Zip: MADISON, FL 32341

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 exemption stated 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 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

ED

12/11/2009

Electronic Signature of Signing Officer or Director

Date