

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90118 008 ****61.25

DOCUMENT # 721174

1. Entity Name

SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.



Principal Place of Business

**400 SW RUTLEDGE ST
MADISON FL 32340**

Mailing Address

**PO BOX 204
MADISON FL 32341
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	Director Hitchett, Elston P.O. BOX 252 Madison, FL 32381	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, MARIE 1308 BROOKWOOD STREET MADISON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pearcy, Joe Rt. 4, Box 6014 Madison, FL 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 Anderson, Eally P.O. BOX 755 Madison, FL 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	Director Crafton, Joe Rt. 1, Box 136 Pinetta, FL 32350	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniels, Reginald P.O. BOX 975 Madison, FL 32341	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Williams, Andrew Madison, FL 32340	☐ Change ☒ Addition

12. 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/25/03 (850) 973-2006

CR2E037 (10/02)