

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002298

FILED
May 24, 2005
Secretary of State

Entity Name: MADISON COUNTY RECREATION ASSOCIATION INC.

Current Principal Place of Business:

201 EAST MILLIONOR STREET
MADISON, FL 32340

New Principal Place of Business:

243 S W ARNOLD ST.
MADISON, FL 32340

Current Mailing Address:

201 EAST MILLIONOR STREET
MADISON, FL 32340

New Mailing Address:

P. O. BOX 755
MADISON, FL 32341

FEI Number: 59-6215265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGHEE, SAM
201 EAST MILLIONOR STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

ANDERSON, EARLY
234 SE BENNETT 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: EARLY ANDERSON

05/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGHEE, SAM
Address: 201 EAST MILLIONOR STREET
City-St-Zip: MADISON, FL 32340

Title: VPD () Delete
Name: BARFIELD, ALBERT
Address: RT. 4 BOX 1462
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BARFIELD, EASTER M
Address: RT. 1 BOX 100
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BROWN, LORANNE
Address: CHRISTMAS TREE LANE
City-St-Zip: MADISON, FL 32340

Title: D (X) Delete
Name: GAVINS, CARRIE MAE
Address: P.O. BOX 472
City-St-Zip: MADISON, FL 32340

Title: D (X) Delete
Name: MOBLEY, JAMES
Address: P.O. BOX 496
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARFIELD, ALBERT
Address: 1912 STATE RD. 53
City-St-Zip: MADISON, FL 32340

Title: VPD (X) Change () Addition
Name: BARFIELD, EASTER
Address: 184 TOLA MCKINNEY
City-St-Zip: MADISON, FL 32340

Title: SEC (X) Change () Addition
Name: BROWN, LORANNE
Address: 181 SW ALTONA
City-St-Zip: MADISON, FL 32340

Title: TRES (X) Change () Addition
Name: ANDERSON, EARLY
Address: P.O. BOX
City-St-Zip: MADISON, FL 32340

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: ALBERT BARFIELD

PRES

05/24/2005

Electronic Signature of Signing Officer or Director

Date