

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002298

FILED
Apr 07, 2009
Secretary of State

Entity Name: MADISON COUNTY RECREATION ASSOCIATION INC.

Current Principal Place of Business:

243 S W ARNOLD ST.
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 755
MADISON, FL 32341

New Mailing Address:

243 S W ARNOLD ST.
MADISON, FL 32340

FEI Number: 59-6215265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, EARLY
234 SE BENNETT 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: PD () Delete
Name: BARFIELD, ALBERT
Address: 1912 STATE RD. 53
City-St-Zip: MADISON, FL 32340

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

Title: SEC () Delete
Name: BROWN, LORAIN
Address: 181 SW ALTONA
City-St-Zip: MADISON, FL 32340

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

Title: D () Delete
Name: RICHARDSON, ROSA
Address: 259 NE BAMBRO TRL.
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:

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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

DI

04/07/2009

Electronic Signature of Signing Officer or Director

Date