


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004517</b> 1. Entity Name <b>CITIZENS FOR A PROGRESSIVE MADISON COUNTY, INC.</b>																																											
Principal Place of Business <b>4553 NE ROCKY FORD ROAD MADISON, FL 32340</b>		Mailing Address <b>4553 NE ROCKY FORD ROAD MADISON, FL 32340</b>																																									
<b>6. Name and Address of Current Registered Agent</b>  <b>PETERSON, VICKI 4553 NE ROCKY FORD ROAD MADISON, FL 32340</b>		<div style="text-align: right;"> <b>04252005 No Chg-NP CR2E037 (10/03)</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> <b>4. FEI Number</b>  <b>30-0092713</b> </td> <td style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>		<b>4. FEI Number</b> <b>30-0092713</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																			
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<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																									
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PETERSON, VICKI</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4553 NE ROCKY FORD ROAD</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MADISON, FL 32340</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">SD</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PEACOCK, MICHAEL</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">RT 3 BOX 84</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MADISON, FL 32340</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRANCH, RHONDA</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">RT 3 BOX 84</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MADISON, FL 32340</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> </table>				TITLE	PD	NAME	PETERSON, VICKI	STREET ADDRESS	4553 NE ROCKY FORD ROAD	CITY - ST - ZIP	MADISON, FL 32340	TITLE	SD	NAME	PEACOCK, MICHAEL	STREET ADDRESS	RT 3 BOX 84	CITY - ST - ZIP	MADISON, FL 32340	TITLE	TD	NAME	BRANCH, RHONDA	STREET ADDRESS	RT 3 BOX 84	CITY - ST - ZIP	MADISON, FL 32340	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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<b>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.</b>																																											
<b>SIGNATURE:</b> <u>Vicki W. Peterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>850-973-9664</b>  <b>04/27/05-80156-021 70.00</b> </div> <div style="text-align: right;"> <b>4-25-2005</b>  <small>Date Daytime Phone #</small> </div>																																									