


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90187 008 ****70.00

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| DOCUMENT # N02000004517 |  |
| 1. Entity Name CITIZENS FOR A PROGRESSIVE MADISON COUNTY, INC. | |

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|---|---|
| Principal Place of Business 4553 NE ROCKY FORD ROAD MADISON, FL 32340 | Mailing Address 4553 NE ROCKY FORD ROAD MADISON, FL 32340 |
|---|---|

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|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04132006 Chg-NP CR2E037 (11/05)

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|--|--|--|
| 4. FEI Number 30-0092713 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PETERSON, VICKI 4553 NE ROCKY FORD ROAD 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 _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETERSON, VICKI 4553 NE ROCKY FORD ROAD MADISON, FL 32340 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PEACOCK, MICHAEL RT 3 BOX 84 MADISON, FL 32340 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delvin Boatman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4663 NE Rocky Ford Road Madison, Florida 32340 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRANCH, RHONDA RT 3 BOX 84 MADISON, FL 32340 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Kimberly Mobley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2053 NE Duval Pond Road Madison, Florida 32340 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Vicki Peterson* (Vicki Peterson) **4-13-06** **850-979-9664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #