


\$ 70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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

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



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0092713	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, VICKI 4553 NE ROCKY FORD ROAD MADISON, FL 32340
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	04/03/08-60005-009 70.00
---	--	--------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERSON, VICKI 4553 NE ROCKY FORD ROAD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOATMAN, DEVIN 4663 NE ROCKY FORD RD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOBLEY, KIMBERLY 2053 NE DUVAL POND RD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 W. Peterson* **3/11/2008** **850 973 9664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #