

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-02-2005 90544 013 ****61.25

DOCUMENT # N04000004139 1. Entity Name MADISON COUNTRY CLUB, INC.					
Principal Place of Business COUNTRY CLUB RD MADISON, FL 32340			Mailing Address P. O. BOX 691 MADISON, FL 32341		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 445 SW Country Club Rd Suite, Apt. #, etc.		66021248 	
City & State		City & State Madison		4. FEI Number 59-0719371	
Zip FL		Country 32340		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKS, SAMMY COUNTRY CLUB RD MADISON, FL 32340				7. Name and Address of New Registered Agent Name Hicks, Sammy Street Address (P.O. Box Number is Not Acceptable) 299 SW Country Club Rd Esthla City Madison FL Zip Code 32340	
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: 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASLIN, MARK 2471 NW CR 150 GREENVILLE, FL 32331	<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	VD SMITH, RANDY 351 NE CACTUS AVE. LEE, FL 32059	<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	TSD HICKS, SAMMY COUNTRY CLUB RD 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	_____ _____ _____	<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 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.					
SIGNATURE: 4/26/05 850-973-8865 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					