

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 21, 2005
Secretary of State**

DOCUMENT# N04000004139

Entity Name: MADISON COUNTRY CLUB, INC.**Current Principal Place of Business:**COUNTRY CLUB RD
MADISON, FL 32340**New Principal Place of Business:**445 SW COUNTRY CLUB RD
MADISON, FL 32340**Current Mailing Address:**445 SW COUNTRY CLUB ROAD
MADISON, FL 32340**New Mailing Address:****FEI Number:** 59-0719371**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HICKS, SAMMY
299 SW COUNTRY CLUB ROAD ESTATE
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: CASLIN, MARK
Address: 2471 NW CR 150
City-St-Zip: GREENVILLE, FL 32331**Title:** VD () Delete
Name: SMITH, RANDY
Address: 351 NE CACTUS AVE.
City-St-Zip: LEE, FL 32059**Title:** TSD () Delete
Name: HICKS, SAMMY
Address: COUNTRY CLUB RD
City-St-Zip: MADISON, FL 32340**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: TUCKEY, TOM
Address: 701 MADISON AVE
City-St-Zip: MADISON, FL 32340**Title:** VD (X) Change () Addition
Name: LEONARDSON, BRIAN
Address: 3559 COUNTRY KITCHEN RD
City-St-Zip: MADISON, FL 32340**Title:** TSD (X) Change () Addition
Name: HICKS, SAMMY
Address: 299 SW COUNTRY CLUB ESTATE RD
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM TUCKEY

PD

07/21/2005

Electronic Signature of Signing Officer or Director

Date