

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004139

FILED
Feb 14, 2012
Secretary of State

Entity Name: MADISON COUNTRY CLUB, INC.

Current Principal Place of Business:

445 SW COUNTRY CLUB DR
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

445 SW COUNTRY CLUB DR
MADISON, FL 32340

New Mailing Address:

FEI Number: 20-3699125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVE, LARRY PRES.
445 SW COUNTRY CLUB DR
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: P
Name: OLIVE, LARRY
Address: 445 SW COUNTRY CLUB DR
City-St-Zip: MADISON, FL 32340

Title: VP
Name: BARRS, ED JR.
Address: 445 SW COUNTRY CLUB DR
City-St-Zip: MADISON, FL 32340

Title: SEC
Name: HENDERSON, RICKY
Address: 445 SW COUNTRY CLUB DR
City-St-Zip: MADISON, FL 32340

Title: D
Name: HAIRE, JOHN
Address: 445 SW COUNTRY CLUB DR
City-St-Zip: MADISON, FL 32340

Title: D
Name: SMITH, TRAVIS
Address: 445 SW COUNTRY CLUB DR
City-St-Zip: MADISON, FL 32340

Title: D
Name: PATRON, ROBERT
Address: 445 SW COUNTRY CLUB ROAD
City-St-Zip: MADISON, FL 32340

I hereby 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 all other like empowered.

SIGNATURE: LARRY OLIVE

P

02/14/2012

Electronic Signature of Signing Officer or Director

Date