

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 017 ****61.25

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02202007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000010772 1. Entity Name MADISON ENVIROMENTAL COMMITTEE, INC.					
Principal Place of Business 1011 NW BOBWHITE TERRACE MADISON, FL 32340			Mailing Address 1011 NW BOBWHITE TERRACE MADISON, FL 32340		
2. Principal Place of Business - No P.O. Box # 1011 NW Bobwhite Ter		3. Mailing Address 1011 NW Bobwhite Ter.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Madison, FL 32340		City & State Madison, FL 32340		4. FEI Number 42-1717049	
Zip USA		Zip USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PARSONS, BARRY G 1011 NW BOBWHITE TERRACE MADISON, FL 32340			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	COOR PARSONS, BARRY G 1011 NW BOBWHITE TERRACE MADISON, FL 32340	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREEN, MARIANNE 412 ADMIRAL TRAIL MADISON, FL 32340	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FAC FULS, DOLLY 360 SW HARRY AVE MADISON, FL 32340	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: barry g parsons 02/23/07 850 973-3351 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					