
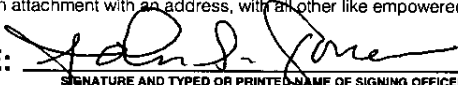


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90207 044 ****61.25

DOCUMENT # N95000001456 1. Entity Name M.A.D. D.A.D.S. OF JEFFERSON COUNTY, INC.					
Principal Place of Business 795 E SECOND STREET MONTICELLO, FL 32344			Mailing Address P.O. BOX 1063 MONTICELLO, FL 32345		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3355276	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, JOHN S 795 E SECOND STREET MONTICELLO, FL 32344				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JOHN S		NAME		
STREET ADDRESS	795 E SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEELY, RUDOLPH		NAME		
STREET ADDRESS	RT 2 BOX 154 N/A		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALL, CAVIN		NAME		
STREET ADDRESS	RT 2 BOX 9 N/A		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANSOM, BEN		NAME		
STREET ADDRESS	RT 4 BOX 4750 N/A		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: 			9-4-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		