


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State


04-21-2005 90251 035 ****61.25

DOCUMENT # N95000005875	
1. Entity Name THE TREASURES OF MADISON COUNTY, INC.	

Principal Place of Business 901 SW PICKNEY STREET MADISON, FL 32340	Mailing Address PO BOX 541 MADISON, FL 32341
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00041003



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3353147	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
HARDEE, CARY A 901 SW PICKNEY STREET 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)

Signature, typed or printed name of registered agent and title if applicable. DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE II, CARY A PO BOX 450 MADISON, FL 32341 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCAIN, HELEN 105 NW FRALEIGH DR MADISON, FL 32340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALL, TERESA RT 3 BOX 1251 MADISON, FL 32340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNITKER, KAY 103 N. HARRY ST MADISON, FL 32340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE, RUTH RT 3 MADISON, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Maier, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 N Range St MADISON FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean McWilliams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary 112 W Pickney St MADISON FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frances Copeland, Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 154 MADISON FL 32341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harriet Maulsby, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sentinel Way MADISON FL 32340
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"/> 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: KAY S. SCHNITKER **TREASURER** 4/20/05 (450) 473-890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #