

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**



04262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353147

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDEE II, CARY A
PO BOX 450
MADISON, FL 32341**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCWILLIAMS, JEAN
112 W PINKENEY ST
MADISON, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COPELAND, FRANCES
P O BOX 154
MADISON, FL 32341**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHNITKER, KAY
103 N. HORRY ST
MADISON, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAULTSBY, HARRIET
SENTINEL WAY
MADISON, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAIER, JANET
501 N RANGE ST
MADISON, FL 32340**

U00000747395
05/17/07-80024-002 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07